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The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

Editor and Business Manager:
ETHEL JOHNS, Reg. N., Suite 401, 1411 Crescent Street, Montreal, P.Q.

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The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses Association

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THE CANADIAN SCENE

In the December issue of the *Journal,* there appeared the first of a series of editorials dealing with the contemporary nursing scene in Canada and based on observations made during a recent tour which took the writer into eight of the nine provinces of the Dominion. It was made clear at the outset, and is repeated here, that no attempt will be made to report upon the specific undertakings of the various provincial nursing associations. Official channels exist through which such information is made available from time to time. The purpose of these articles is, in the first place, to reflect and to integrate the general trend of nursing thought and, in the second place, to discuss that trend in the light of some outstanding studies which have recently been made of the present status of nursing. Before proceeding further it may be wise to review the principal points of the initial article, and a brief summary of them follows:

As Things Are To-day

1. Nursing morale is still good. Nurses have not lost faith in themselves nor in their organizations.
2. Artificial distinctions between nursing groups are less apparent. Hospital nurses, private duty nurses, public health nurses are beginning to seek common ground and to make common cause.
3. More attention is being paid to the economic than to the educational aspects of nursing. This change of emphasis is due to the growing distress caused by prolonged unemployment.
4. This distress is being felt more acutely by private duty nurses than by any other nursing group, but it affects all groups indirectly.
5. Private duty nurses admit the necessity of sharing their burden with the other nursing groups and these groups in turn are beginning to admit a common responsibility.
6. Nurses generally are slowly ceasing to look back, and are beginning to face the necessity for constructive thinking in a time of social and economic change.

Where to Begin

Nursing does not exist in a vacuum but is part and parcel of community life. It is, indeed, a public utility for which the community itself is, or ought to be, responsible. Before constructive thinking can begin, we must proceed to further analysis of the factors which have given rise to the existing situation and must answer some searching questions such as these:

1. To what extent are the present maladjustments the result of economic forces which are completely beyond our control?
2. To what extent are we, as nurses, responsible for some of these maladjustments?

We are at least fortunate in that we have at our disposal an abundance of authoritative information which sheds considerable light on our problem. Our own Canadian *Survey* is a mine, the richness of which we are just beginning to appreciate. So far we have given more attention to its educational findings than to its economic implications, but from its pages we may learn that in 1929, before

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(This is the second of a series of editorials dealing with nursing conditions in Canada.)

the depression had begun to make itself felt, unemployment was severe, especially in the private duty field. The National Joint Study Committee is now guiding the various provincial committees in an intensive study of the *Survey* and, therefore, a recapitulation of its findings need not be made here. It might be of interest however to note how closely these are related to those of another and even more comprehensive study, made in the United States, under the direction of the Committee on the Costs of Medical Care.

The Costs of Medical Care

The Committee on the Costs of Medical Care was formed in 1927, and completed its five-year programme of study and research in 1932. Never before, in any other country, has such a far-reaching study of the economics of medical care been undertaken. On the Committee were represented all the professions, vocations, and institutions concerned with the promotion of health and the care of illness. Its chairman was Dr. Ray Lyman Wilbur, himself a physician and, at that time, Secretary of the Interior under the administration of President Hoover. Two nurses were included in its membership: Mary M. Roberts, editor of the *American Journal of Nursing*, and Elizabeth Fox, Executive Director of the Visiting Nurses Association of New Haven. Miss Katharine Tucker, director of the National organization for Public Health Nursing, prepared certain reports on nursing for the Committee. The writer, at that time nurse associate to the American Committee on the Grading of Nursing Schools, gave some assistance in preparing the chapter on nursing which forms a part of Publication No. 27, *The Costs of Medical Care;* this volume constitutes a summary of the findings and recommendations of the Committee as a whole.

Angle of Approach

It must be kept clearly in mind that the approach of this Committee was purely from the economic angle. The question under consideration was: What are the *costs* of medical care? The Committee did not concern itself with education except when, as in the case of nursing, education affected costs. It did not concern itself with the well-being of any professional group. Its primary interest was in the cost to the public of the various medical services, of which nursing is one.

What the Committee Found

It should be remembered that these findings apply to the year 1929 when "prosperity" was supposedly at its height, and that in view of this fact, their present importance is greatly enhanced. The investigators reported that at that time the situation was as follows:

1. The nursing needs of the community are far from being met because, under existing economic conditions, the large majority of its members cannot afford to pay for the nursing service they require.

2. The supply of graduate nurses greatly exceeds the *actual* though not the *potential* demand for their services.

3. Of 213,800 graduate nurses, 55.2 per cent are in private duty service and similar fields, 8.8 per cent in public health work and industrial medical service, and 36.0 per cent in institutions such as hospitals and clinics.

4. Nurses, like physicians, tend to concentrate in the larger cities and in the more populous states, where wealth is most concentrated and where hospitals are most numerous. Thus, rural communities, with no local hospitals, suffer greatly from a shortage of trained nurses.

5. Private duty nurses are employed only from twenty to thirty-seven weeks per year. In some instances the number of weeks of actual service was as low as five.

6. In spite of widespread unemployment, graduate private duty nurses are by no means willing to accept all types of

cases. Their hospital training has been limited to practice under conditions of rigid routine and maximum convenience. Especially when the patient lives in the country, in a house with few modern conveniences, is it difficult to find a graduate nurse who is willing to adapt herself to primitive living and working conditions. In a study made in Shelby County, Indiana, the following figures, obtained from a registry in Indianapolis, indicate the types of cases likely to be refused by graduate private duty nurses:

Total nurses registered	300
Willing to take any kind of case	86
Refusing obstetrical cases	56
Refusing contagious cases	100
Refusing mental cases	35
Refusing night duty	25
Refusing all but city calls	60

7. Although a high degree of skill, based on training and experience, is necessary to the practice of bedside nursing at a professional level, much of the bedside service required is of the type which can be provided either by some member of the family or by some person who has the knack of making patients comfortable. For this reason subsidiary attendants, or so-called practical nurses, who antedate the graduate nurse historically, offer competition to the trained nurse, and through their willingness to combine housework and domestic tasks with bedside care, meet a very real need in households where the family routine is disrupted through the illness of the housekeeper.

Is This True of Canada?

It may well be that all nurses will not agree with the statements of the Committee on the Costs of Medical Care which are quoted above. The Committee plainly says that, in its judgment, there is a need for a subsidiary nursing group. Furthermore, it accuses the nursing group of discrimination against certain types of illness, against night duty, against work in the rural districts. Did these conditions ever exist in Canada? Do they exist now? If so, why? Even though we can give proof that none of these sins may be laid at our door we are yet faced with the economic impasse so ably outlined in the Committee's summary quoted below.

The Crux of the Situation

Briefly stated, the central economic problem is as follows: a large number of hospitals very naturally seek to reduce their heavy operating expenses by conducting schools of nursing and utilizing students, instead of graduate nurses, as a working force. Upon graduation the majority of these students engage in private practice because no other avenue of employment is readily open to them. The field of private duty nursing is highly competitive because of the number of nurses already engaged in it, and is further limited because the only persons who can afford to pay for the exclusive services of a single nurse belong to that restricted group who fall within the higher income brackets. *Meanwhile, in so far as the great mass of the population is concerned, the need, as distinct from the effective demand for nursing service, goes unmet and will continue to do so until some system of distribution of nursing costs can be devised which will bridge the economic gap between patient and nurse.* If the community were in a position to pay for adequate nursing service for all its members, the present apparent surplus of nurses might be transformed into a shortage. Under existing economic conditions such a contingency may seem remote but nevertheless it must come to pass if good medical care is to be made available to all the people.

The Need for Thought

Though the time may not be ripe for action, at least we can do some hard thinking. The Committee on the Costs of Medical Care has made a diagnosis which is worthy of the best thought we can give to it. Once we know where the trouble lies we can seek a remedy. In our own *Survey*, Dr. Weir suggests certain plans; the Committee on the Costs of Medical Care suggests others. Nurses themselves are trying out new ideas, some of them limited in scope, but useful as actual laboratory experiments. In the February issue of the *Journal* mention will be made of some of the steps which have been recommended by competent authorities, Canadian and American, as likely to lead to the establishment of the practice of nursing on a sound and equitable economic basis. These should be examined with an open mind.

Nobody thinks that we shall reach the desired goal next week, or next month, or next year. It may be that our generation may never see the Promised Land. Yet we shall have set our feet on the right path. There will be deserts to cross and mountains to climb. What is that to Canadians? We are pioneers and we march to the horizon.

(*To be continued*)

UNIFORMS AGAIN

J. M.

Somehow I suspect a twinkle in Dr. Atlee's eye as he gently drops us in a bed of Scotch thistles and sits back with a chuckle to watch our reaction. There are always two sides to every question, so allow me to air my views as a nurse, in the sequence of probationer, student, private duty nurse, instructor and superintendent. The steam gauge is set at dangerous and the safety valve must blow off, whether the resultant blast will ever be heard or not. So here goes.

Utility! Well, perhaps short sleeves are best from the aseptic point of view, but has the doctor considered, as an aesthete, what those short sleeves would reveal to his delicate sensibilities? As for the operating room, most hospitals have a special dress, meeting the requirements of Dr. Atlee, but not popular with the students for reasons not known to me.

The twill horror! How I would love to see it, for apparently my twenty years have led me in pleasant paths beside fresh, dainty colours in gingham and cottons. The bib and apron, as every nurse knows, cover those parts of the dress in most need of protection from the accidents met with in their work. They can be changed easily, whereas a one-piece uniform, being unprotected, usually necessitates a change almost to the skin, and at times a bath. Presumably the doctor has never viewed the garments below the twill horror. Tell it not in Gath, but too often they are almost a minus quantity in hot weather—a fact not lightly to be brushed aside in making the change to a dress conforming to all the requirements of an aesthete.

Cleanliness! O, man, great was your faith when you laid down your premises there. Go you and do likewise. Nurses cannot afford to be clothed thus and the hospital laundry would be overwhelmed if the uniform of white were kept as it should be.

Those caps! Do not dare to blame poor old Alma Mater nor the superintendent. Even in a school with rigid rules, each student manipulates "the little blob or bird's wing" to her individualistic slant, with disastrous results so far as the enhancement of her charm is concerned.

Those shoes! A chance to talk about footwear will relieve my pent-up feelings. You may lead a horse to water but you cannot make him drink. Reams could be written and hours consumed in talking feelingly on experiences in this connection. Tell probationers that shoes will be purchased after arrival, on prescription by an orthopaedic surgeon, give them a shoe scientifically correct for their feet and conforming to aesthetic principles, and what is the result? Each student arrives with shoes already bought and insists these are the only kind *she* can wear. Insist on the correct type and it entails daily, yes, hourly watchfulness on the part of the instructor, the superintendent or whom you please, to prevent the student from appearing in anything and everything from a dainty evening slipper to a sport brogue. And the graduate nurse shows even less sense. This poor superintendent has shed tears of rage, gnashed her teeth and stamped her feet at the stubborn stupidity of silly children. And what did it avail? Absolutely nothing, except a row with the hospital authorities (men) over her interference with the personal liberty of the students and the prerogatives of the Board.

White shoes or black? The arguments for and against seem to go in favour of black. White should be immaculate and therefore are impossible for the general duty or student nurse. Besides, as all feet are not beautiful nor shapely, black shoes prove most flattering in line and are more easily kept in a well-polished, attractive condition.

Man, since the time of Adam, has blamed everything on woman. If superintendents of nurses ever dared to throw back on the shoulders of hospital boards and medical staffs their criticisms and fault-finding about training school administration, when the superintendent is really carrying out their dictated policy, it is greatly to be feared that the death rate from shock among the male sex would amount to astounding heights with amazing rapidity. Just as long as men are as silly as sheep in their attitude towards their own clothing, it ill behooves them to point the finger of scorn at the poor, feeble, stereotyped-minded female. Let us have a real Irish free-for-all fight on this question of clothes in general, and nurses' raiment in particular. Sadly, however, I resign myself to the inevitable. It will never happen, for . . . who dares to throw the first stone?

THE ONTARIO ANNUAL MEETING

MATILDA E. FITZGERALD, Secretary-Treasurer, Registered Nurses Association of Ontario.

The Canadian Nurses Association is celebrating its twenty-fifth anniversary from June 26 to 30, 1934, and every province wishes to make this meeting an outstanding one. The Registered Nurses Association of Ontario is particularly anxious to do all in its power to help, because the National Association was founded, and its anniversary is to be celebrated, within their own Province of Ontario. The Provincial Association has therefore decided to withdraw its usual Easter week Convention in 1934, and to substitute for it a one-day session of the Registered Nurses Association of Ontario on Monday, June 25, 1934, immediately prior to the meeting of the Canadian Nurses Association. Let the nurses of Ontario plan to make this a real Convention Week.

PERNICIOUS ANAEMIA

EDWARD S. MILLS, M.Sc., M.D., the Montreal General Hospital, Montreal.

There is no finer example of what the combined efforts of the laboratory and the clinician have accomplished towards the conquest of disease than the last-written chapter in the treatment of pernicious anaemia. Let me paint for you very briefly the picture as I saw it as an interne ten years ago and as it is to-day. I can best do this by citing two cases, one of which was admitted to the medical wards in 1924 and the second in 1929. Both patients were young men of forty. The first was a dry goods clerk who first noticed, in the year 1920, that he could not get about the store as readily as formerly. His legs kept going numb and he would stub his toes on climbing stairs. He no longer enjoyed his food because of indigestion. Fatigue overtook him long before the end of the day and he became breathless on slight exertion. Later his friends began to comment upon his pale yellowish colour. He strove for a few months to provide for his young family but one day he was found in a faint and was taken to the Montreal General Hospital. Examination revealed a profound anaemia of the pernicious type. He was placed upon a diet of lettuce, beets, spinach and red undercooked meat and was given three Blaud's pills a day with as much arsenic as he could tolerate. This did little but aggravate his digestive symptoms. Finally in desperation he was transfused a couple of times and discharged — "condition improved." Six months later he was re-admitted paler and weaker than ever. He was no longer able to use his legs and could not entirely control his sphincters. Transfusions were again resorted to until finally friendly death came to the rescue.

Contrast this for a moment with the second man of forty admitted in 1929. This young man, a submarine commander in the American Navy, began, in 1925, to notice difficulty in maintaining his posture in the tossing ship. He further complained of numbness of his hands when at the controls. He was losing his nerve. Reporting sick, he was found to have pernicious anaemia and discharged as incurable. He obtained a position as engineer in a power corporation and carried on as best he could for two or three years, eventually being driven to and from his work. Finally grave anaemia supervened and he was forced to take to his bed because of the weakness and loss of control of his legs. In this state he was admitted to the Montreal General Hospital in 1929. He was not placed upon a diet but was prescribed two small vials of a brownish powder daily and sent home with a promise of hope rather than despair. That powder was liver extract. In six months he walked into the laboratory with the support of two sticks but stronger and a good colour. A year later he had discarded his sticks and was playing a little golf. To-day he controls the company of which he was engineer, walks to and from work, dances, and when he can find time, plays eighteen holes of golf. And he is only one of many men with this disease who have been given back to their families and to their business through the magic of this extract.

Now I propose to trace briefly the various steps which led to a better recognition of the underlying defects which predispose to this dread disease and to show you how it has been all but mastered. In order to observe strictly the sequence of events it will be necessary to speak first of the development of liver extract and then work back to a discussion of the probable *modus operandi* of the disease.

Some ten years ago Dr. George Whipple of Rochester and his associates, as a result of rather exhaustive experiments on anaemic dogs, discovered that liver is far superior to most other foodstuffs in what we call the anti-anaemic factor. It

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(Abstract of a lecture delivered before the Quebec Dietetics Association, October 23, 1933.)

is a long way from dogs with a post-haemorrhagic anaemia to pernicious anaemia in the human species but the gap was bridged rather rapidly through the co-operation of Minot of Harvard. Perhaps they bethought themselves of the story of Hiram Richer of Poland Springs. A much-prized cow was ill of some obscure disease. Placed in a new pasture the cow was observed by Hiram to drink long and deeply of the waters of a certain spring. Contrary to expectations the cow got well, and arguing that what is good for beasts must be equally good for men, Hiram founded the celebrated spa at Poland Springs. In any event, Minot gave liver a clinical trial in pernicious anaemia and found that his patients rapidly got well. He at once put his entire laboratory to work on the problem. It was not long before Cohn was able to extract from the liver a dry powder which contained practically all the active principle effective in arresting the disease. The credit for further purification of this active principle belongs to many laboratories. At the present time the extract is given intramuscularly once a fortnight in the form of a clear brown liquid which has forty times the potency of the original extract and at one-tenth of the cost to the patient. To-day the patient with this disease can keep well at a cost of about fifty cents per week and very little pain or inconvenience.

Why is liver extract effective in the control of pernicious anaemia? Many years ago John Hunter, a student of the disease, was impressed by the fact that patients with pernicious anaemia never had any hydrochloric acid in their gastric contents. Gastric acidity performs several important functions. It renders pepsin effective, splits disaccharides into glucose, and acts as a disinfectant to all kinds of micro-organisms ingested with the food. Hunter conceived the idea that the absence of hydrochloric acid from the gastric secretion allows certain pathogenic micro-organisms to gain access to the intestinal tract from which they enter the body and poison the blood-forming tissues. However, he was unable to prove his theory.

After the advent of liver and liver extract, Castle, of Harvard, took up a study of this problem in a rather novel fashion. He availed himself of an adequate supply of patients suffering from pernicious anaemia and a goodly number of medical students. From the latter he obtained a copious supply of normal gastric juice, by the simple means of passing the stomach tube. He then supplied this normal gastric juice to the patients with pernicious anaemia along with their meals. It soon became evident that the patients reacted to this treatment in the same manner as they did to liver or liver extract. His next experiment was to mix normal gastric juice and Hamburg steak in vitro, incubate it and give it to other patients by means of the stomach tube. Again the patients reacted favorably. The next experiment consisted in mixing gastric juice obtained from one pernicious anaemia patient with Hamburg steak, incubating it and feeding it to another patient with the disease. Improvement did not follow. The conclusion was that normal gastric juice contains some substance which, acting with food, liberates another factor which is responsible for the improvement noted in the patients ill with this disease. He called the factor in the food the extrinsic factor and the one in the gastric juice the intrinsic factor. It was not difficult to prove that it was not hydrochloric acid but its exact nature still remains somewhat of a mystery.

You may ask why liver extract cures this disease when the defect is one of gastric secretion. The explanation is that the unknown factor which in some way stimulates blood formation is actually developed in the intestinal tract but is stored in the liver. You will recall that other substances resulting from digestion are also stored in the liver. Glucose or its isomer glycogen is a good example. Hence results the efficacy of liver and its extracts in the treatment of pernicious anaemia. In further support of Castle's explanation of the pathogenesis of this disease are his observations on tropical sprue, a disease in some respects similar to pernicious anaemia. He has repeated the experiments already enumerated on cases of tropical sprue. In this disease the anaemia is like that of pernicious anaemia but the gastric secretion is normal. The intrinsic factor is present but the food lacks the other necessary substance, the extrinsic factor. There is further evidence that this extrinsic factor may be Vitamin B 2. Thus the pernicious anaemia patient lacks the intrinsic factor present in the gastric secretion, whereas the patient with sprue lacks the other necessary substance derived from the diet —the extrinsic factor. Both of these must be present to prevent an anaemia of the pernicious type.

This brings to an end a chapter in the history of pernicious anaemia, but this does not complete the book. It is true that we have robbed the disease of many of its terrors but it is not cured. This beneficial effect of extracts of liver in pernicious anaemia may be compared with those of insulin in diabetes. Medicine cannot give immortality but it should enable us all to live out our full lives, "Death, coming in due and not undue time, is shorn of all his terrors, when every man and every woman shall come to his grave in a full age, like a shock of corn cometh in, in his season."

" OUR BIT "

Elsewhere in our columns will be found references to "Our Bit," the war memories of a Canadian Nursing Sister, by ex-Nursing Sister Clint, A.R.R.C., which it is hoped, will shortly be published. This book has been read, in manuscript, by Matron-in-Chief Margaret Macdonald, and she has been kind enough to allow the *Journal* to publish her impressions of it:

> The publication of this volume, which has been prepared by Nursing Sister Clint, A.R.R.C., promises a red-letter day for members of the nursing profession. Sister Clint has aptitude for observation and vivid description. The reader embarks at Quebec in 1914, and after a voyage unique in the history of Canada, landing is made at Plymouth and so on to London, to tarry impatiently until the war hospitals of Northern France are reached. Henceforth active service presents a continuous passing scene. Work is unceasing, duty never falls to the level of routine, pathos battles with humour, and all the while something higher transcending all. As in army life nothing ever seems permanent but change, sooner or later the poppy-laden fields of Picardy are left behind. Incidental contact is made with the land of the Sphinx, the voyager continuing to the Near East. Here, upon the classic shores of the Ægean Sea, Canadian hospitals spring into being under unusual and unforeseen conditions. A spectacle not easily forgotten is presented. Scutari comes to mind and the faithful adherents of the Lady with the Lamp reflect, as they ever must, her gentle radiance. "Our Bit" should be in every hospital library. Reading it one may fancy one's self as occupying an orchestra chair; for those who viewed war nursing from afar the tremendous unrehearsed panorama will prove absorbing and enlightening, whilst to those who were of the cast, memory will be stirred to its depths.

Institute of Public Health
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THE EDITOR'S DESK

The New Year

Even though winter lies heavy on the land we have passed the turn of the year. The winter solstice is over and the sun is coming north again. We shall not realize for quite a long time that the days are lengthening just a little. But they are, and before we know it, it will be spring. It cannot be denied that, in some ways, the last three years have been uncomfortably like a long, hard winter. At this season, we have said to each other: perhaps it will be better this year. And we say it again today, but with a little more confidence. Signs are not wanting that we have passed the solstice of this winter of our discontent, even though we yet may have to face some equinoctial gales. After all, we have much to hearten us for the coming year. We are a united professional group. We have faith in our calling, in each other, in ourselves. Not to be too solemn about it, let us take as our motto for 1934 the popular refrain: "Who's afraid of the big bad wolf?" and whistle to keep our courage up.

The Journal in 1934

This month *The Canadian Nurse* enters upon the second and concluding year of its experimental period. It is gratifying to find that circulation shows a steady upward trend. The number of new subscribers has considerably increased; the lapses are fewer. Without incurring additional expense it has been possible to improve the format as well as the content of the *Journal*. None of these things could have been done without the sympathetic direction of the members of the national committee on publications, Miss Florence Emory and Miss Jean Browne, who have done all in their power to assist the editor. The conveners of publications for the sections have rendered valuable service: Mrs. Agnes Haygarth for the public health section, Miss Mildred Reid for the nursing education section, and Miss Jean Davidson for the private duty section, have all sent in material which has added greatly to the interest and the value of the *Journal*. The attitude of the provincial associations and of other nursing organizations has been most kindly and co-operative; at a time when funds were low and demands many, they made it possible for the editor to visit and address them. All over Canada there are individual nurses who have been untiring in their efforts to help the enterprise along. These women are found in every field of nursing and two of the very best (no, they do not want their names published) are private duty nurses.

Taking it by and large, it looks as though nurses are coming to believe in the *Journal* and to regard it as a possible asset rather than as a hopeless liability. They are beginning to see its potentialities as a medium for dignified publicity concerning the work of their national and provincial nursing organizations. They realize, more clearly than they did, how it might be used to link the provinces together, and to integrate and interpret nursing thought the country over. Its function in binding together the three sections of public health, private duty and nursing education is better understood. Perhaps 1933 has been a pretty good year after all. In view of present conditions, however, undue optimism is certainly not justified. The coming year will tell the tale. In January, 1935, will the two-year experiment prove to have been justified by its results, or not? The answer to that question is yet far to seek. Canadian nurses themselves must answer it and on that answer hangs the fate of the *Journal*. In the meantime we have three hundred and sixty-five days. Quite a lot can be done in that time and we expect to do it, the big bad wolf to the contrary notwithstanding.

REMEMBRANCE DAY

On November 11, 1933, an event of interest to all Canadian nurses, and particularly to overseas nursing sisters, occurred at the Nurses Memorial in the Hall of Fame, Parliament Buildings, Ottawa, following the service at the Cenotaph. The laying of a wreath at this Memorial was, for the first time, made the occasion of a very simple and informal ceremony. A large number of overseas nursing sisters were present. The Prime Minister of Canada, Hon. R. B. Bennett, spoke briefly as follows: "Your services were magnificent. More than anyone else you knew what the war meant. I thank you for asking me to join you in paying tribute to your comrades."

This year was also marked by the large number of lovely floral tributes, a list of which follows: Canadian Nurses Association: Post 162, American Legion, St. Paul, Minnesota: in memory of Jean Templeman; London Unit, O.N.S.A. of C., London, Ontario; Miss Flora Scrimm, Ottawa, in memory of Janet Williamson; Ottawa Branch, Nursing Sisters of The Canadian Legion; Alumnae Association, Ottawa General Hospital; Alumnae Association, Lady Stanley Institute, Ottawa; Ottawa Unit, Overseas Nursing Sisters Association. Ottawa nursing sisters feel that this informal ceremony should create a precedent, and that arrangements must be made each year to have the placing of such tributes done with a simple dignity befitting the occasion.

WAYSIDE SHRINE IN QUEBEC

Courtesy of the Canadian Pacific Railway.

ALL ABOARD

It is not too soon to begin to make plans to attend the Biennial Meeting of the Canadian Nurses Association which is to be held from June 26 to June 30, in Toronto. This is the time of year when each Alumnae Association, no matter how distant from the place of meeting, should decide to have at least one representative in attendance. There will not be another Jubilee until 1959, so let us attend this one in order that we may give glowing accounts of it, from our wheelchairs, to the youngsters not yet born who will rule the roost a quarter of a century hence.

Lake Louise
Courtesy of the Canadian Pacific Railway.

The president of the Canadian Nurses Association, who is incidentally the convener of the programme committee, wishes it made known that several outstanding educators have already consented to be present. On June 26, President Wallace of the University of Alberta will address the convention at an open meeting, and at the banquet to be held on June 27, Dean Ira Mackay of McGill University will be the speaker of the evening.

Under the caption of *Notes from the National Office* the executive secretary of the Canadian Nurses Association gives much interesting information about the programme itself and also refers to such practical considerations as hotel rates. This is the sort of thing to read at meetings when delegates are being selected and costs considered. It is possible to combine a vacation with attendance at the Biennial without incurring great expense if careful plans are made well in advance. If you are coming from British Columbia, think of all the wonderful mountain resorts you may visit at a time when the season is at its height and the Alpine meadows at their loveliest. Or perhaps you are coming from Quebec or from the Maritimes. Why not see the picturseque Gaspé Peninsula and explore the Saguenay? Any and every countryside in Canada is beautiful in early summer.

There may be those who question the wisdom of holding national meetings in times like these and perhaps there is something to be said for the point of view of the more cautious among us. On the other hand, there has never been a greater need for mutual understanding and for united effort than there is now. We need each other as never before. A great deal can be done by correspondence but all too often the vital spark is wanting. It is in the impact of discussion that a new flame is kindled. If our strong sense of national unity is to be preserved we must, from time to time, sit in council and talk to each other face to face.

The Connaught Tunnel
Courtesy of the Canadian Pacific Railway.

Department of Nursing Education

CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

THE TEACHING STAFF CONFERS

AGNES J. MACLEOD, M.A., Reg. N., Instructor of Nursing Practice, the School of Nursing of the Vancouver General Hospital.

Heretofore, in the Vancouver General Hospital, staff conferences have been held weekly and the full graduate staff, with the exception of the general duty group, has attended. During the past year, however, due to the need of revision of the nursing procedures, it was felt that time should be set aside for the discussion of teaching problems by those members of the staff primarily concerned with the instruction of the students. As a result, during the spring term, teaching staff conferences were arranged to alternate weekly with the regular staff conferences. These meetings took the form of round table discussions and the group was comprised of all the department supervisors and instructors.

Objectives

The objectives of these conferences as outlined at the first meeting were as follows:

1. To establish between the supervisors and instructors a closer link of understanding; to promote co-operation in the teaching of nursing practice to the student nurse; to build up a common understanding in regard to principles, aims, methods of teaching and of judging the efficiency of procedures and the quality of student demonstrations.
2. To survey the Vancouver General Hospital nursing procedures, with the purpose of determining just where they fail to carry out the basic principles, to meet ward requirements, or to measure up to the demands of the Stewart score card.
3. To revise the present nursing procedures in the light of the findings so that they may check favourably with the following factors suggested in the Stewart score card: Safety; therapeutic effect; comfort of patient; economy of energy, time and material; workmanship; simplicity.
4. To devise an uniform set-up with respect to definition, purpose, equipment, procedure, and precautions, so that the procedure will be presented concisely, and exactly as it is carried out on the wards.
5. To outline a few new procedures which have come into use recently.

Besides considering the above purposes, the first meeting provided for the consideration of a plan of work, and the setting up of a basis of criticism which would bring to light the difficulties being encountered by the supervisors and instructors in carrying out their present teaching plan. Discussion of the word *principle* in relation to nursing practice took place and also of the Stewart score card for the purpose of procedure analysis.

Methods of cleaning, disinfecting, and sterilizing from the view of physical, chemical and bacteriological principles were the first topics to be examined. Inquiries had been made regarding the means of disinfection being used for various purposes in several Canadian hospitals. With this as a basis for comparison, our own methods were discussed fully, and several recommendations were made in regard to the methods of cleaning of beds, instruments and gloves. Subsequent discussion dealt with difficulties encountered in many of our nursing procedures with the result that safer and more uniform methods were recommended.

The time available during the term proved all too short for the many problems requiring attention. However, at the last two general staff conferences in May, a report from the teaching conferences was presented. Some of these I am citing to give an idea of the nature of our recommendations:

Uniformity

That a uniform method of aseptic perineal care be introduced, whether it be for ordinary catheterization, post-operative care, or obstetrical cases.

That a uniform method of caring for the patient be adopted, in so far as it is possible, for morning, evening or admission routine care.

That a uniform method of bed-making be established which will be the basis for any of the beds, open, closed, or anaesthetic.

Economy

Using aseptic syringes for alcohol, mercurochrome and iodine.

Using shaker stoppers for green soap bottles.

Using lumbar puncture towels with a hole rather than having to use two towels.

Simplification

Introducing simplifications of method which are safe bacteriologically by discontinuing the formalizing of beds and rubber goods and using airing and soap and water.

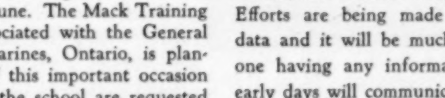
The use of gloves by nurse preparing gloves for sterilization rather than disinfectant solutions.

Discontinuing the use of individual container of biniodide for douche nozzles.

Improved Technique

Greater precautions were recommended to insure better technique in the use of forceps on hypodermic tray; the use of mercurochrome sponge to area of meatus in catheterization; the use of individual bath blankets rather than using blankets on patient's bed; the use of solution for passing forceps on dressing carriage.

As the reader will understand, each of the above topics aroused considerable discussion, so that in the available time this spring we did little more than survey the difficulties. It now remains for us to check and revise all of our present procedures, incorporating the recommendations and then setting up our procedures so that they can be carried out, exactly, in the ward. The whole series of conferences has been very interesting as we have uncovered so many points needing adjustment, and we hope that the fall term will prove sufficient time to complete the revision of the nursing procedures in a satisfactory manner.



A DIAMOND JUBILEE

The first school of nursing in Canada will be sixty years old in June. The Mack Training School, which is associated with the General Hospital in St. Catharines, Ontario, is planning a celebration of this important occasion and all graduates of the school are requested to get into touch immediately with Miss Helen Brown, the General Hospital, St. Catharines. Efforts are being made to gather historical data and it will be much appreciated if anyone having any information bearing on the early days will communicate with Miss Brown as soon as possible.

Department of Private Duty Nursing

CONVENER OF PUBLICATIONS: Miss Jean Davidson, Paris, Ont.

PRIVATE DUTY AND THE I.C.N.

ISABEL M. MacINTOSH, Reg. N., Chairman, Private Duty Section, Canadian Nurses Association.

It is not remarkable that an International Congress of Nurses should be an event of tremendous importance. Its possibilities for intensive and broad education of the individual or of the crowd render such importance inevitable. In presenting my report as one of the official representatives of the Canadian Nurses Association I find that much has already been covered by the comprehensive and excellent reports of other delegates. Mention should however be made here of the striking similarity of the private duty problems arising in the various countries, and referred to in the summary given by Miss Isabel MacDonald, of London, England, who presided in her capacity as chairman of the Private Duty Committee of the International Council of Nurses. In the following paragraphs excerpts are given from this summary which reflect the present trend in many parts of the world.

The Chairman's Report

Naturally, at this time of economic crisis, all reports reflect the difficulties arising therefrom and possibly no branch of the profession has been so much affected by the present condition of affairs. In less difficult periods a trained registered nurse, during convalescence or some minor illness, was a luxury well within many a patient's resources. Now this must all too often be dispensed with, and this applies frequently in cases of serious illness. Too often the nurses are called in at a stage when it is no longer possible to do their patients justice. In almost every report the difficulties arising from the economic position of many who, in the past, readily called upon services of the nurses, is strongly stressed.

A comparison of reports would indicate that the standard of fees charged by the private nurses is fairly uniform, especially where consideration is given to the cost of living in the respective countries, but it is not on a scale of charges that we can judge of the economic position of private nurses. It is on the degree of certainty of employment. In some countries a higher scale is made for night duty. This system is frequently advocated but is difficult to establish, chiefly because the nurses themselves refuse to reduce their fees when on day duty.

In several countries it would appear that more nurses are being turned out of the hospitals than there are appointments for and that the tendency is for the surplus nurses to drift into private nursing, not always from inclination, but from what appears to them to be necessity. In many instances this leads to their being exploited for the benefit of private enterprises. In England and, we gather, in other countries as well, they are frequently employed at a salary which represents an income far below that which, through their services, they bring to the institution to which they are attached. Again, owing to economic complications, many patients who, in former years, were nursed in their homes, now enter the private wards of a hospital. France alone would appear to be exempt from the problems of unemployment so far as this branch of nursing is concerned.

In most countries the unregistered or unqualified nurses appear to enter into competition with the registered nurses engaged in private duty nursing. No country seems to be able to state with any degree of acucracy the number of those so employed but that they do compete with the registered nurses is an undoubted fact. The most serious aspect of the situation arsies when they become attached to some private enterprise purporting to send out nurses qualified to care for the sick at a lower fee than that recognized as the charge for the services of a registered nurse. This system of "undercutting" as it has been termed, gives rise to most unfair competition.

There appears to be no lack of effort to offer to private nurses opportunities for post-graduate lectures and courses. On analysis, these opportunities do not appear to be widely taken advantage of, owing to the fact that it is so rarely possible for private nurses to be free for certain definite periods. Nevertheless it is to be hoped that the opportunities given for post-graduate instruction will continue for, when the nurses can and will use them, they are of very definite value.

In many countries there are systems established for providing sick benefits and insurance and members of certain associations must join such schemes. When such schemes are not compulsory, very few nurses take out insurance.

The chief difficulties of private nursing would appear to have their root in the inability or disinclination of this branch of the profession to organize in any effective manner. This is not definitely stated in reports, but it is usually indicated. There is probably no branch of the profession in which organization is more difficult of achievement and the reasons for this are too obvious to call for recapitulation. It should be one of the first duties of this Committee to keep constantly before private nurses the necessity for retaining professional control in their special branch, whether in the more domestic aspects as instanced in the matter of administration of their co-operatives and registries by registered nurses, or in protecting this branch from drifting into avenues where it will receive interference from unprofessional bodies. That there is need for vigilance in this direction is shown by the fact that only quite recently in England we had to take measures to oppose a Bill dealing with hours which, had it been passed, would have shattered private nursing practice and would indeed almost have compelled nurses to come off the Register in order to do their duty to their patients. This was undoubtedly an extreme case, but we hope for support from the Council in maintaining

Miss Isabel MacIntosh
as she appeared at the International Congress costumed as "Jeanne Mance."

professional authority in all matters relating to private nursing.

Hourly Nursing

The subject was introduced by Miss F. Meyboom, of Holland, and her study was prefaced by the remark that hourly nursing is interpreted differently in various countries but that unorganized hourly nursing, as it exists in Holland, is all too prevalent elsewhere. Furthermore, private duty nurses have no economic safeguards, and Miss Meyboom set forth a plan for an organization having on its Board representatives of existing societies and others selected by the nurses it employs. The principal duties of this Board would be:

1. To fix a scale of salaries for the nurses belonging to the organization which would enable them to live in reasonable comfort.
2. To make arrangements whereby the public could insure themselves against the need of nursing care by paying some definite annual premium. A conference between representatives of the public, doctors and nurses might be helpful in this connection. It is probable that the premium agreed upon might not be sufficient. To meet such cases it is suggested that there be a scale of additional payments, at much lower rates than the fees ordinarily asked by fully qualified nurses at the present time.
3. The Board either through a selection committee or by other means should be responsible for choosing efficient nurses, and should have full control over them, with power to terminate their employment without notice. The right should be reserved to the nurse, however, of stating her case and showing, if possible, why her engagement should not be terminated.

There was a great deal of detailed discussion at this meeting, which resulted in the following resolution: "That the Committee on Private Duty Nursing of the International Council of Nurses be asked to study the question of hourly nursing, and to assist the various countries in working out schemes which will be applicable to their condition."

Health insurance is very much in the mind of the world at present and it behooves us to be ready to see to it that any Health Insurance Act in any country protects both the sick and the nurses themselves.

Supply and Demand

Two meetings of the Committee were held during the Congress, when the prevailing questions of supply, demand and superannuation received attention. The importance and need of some form of compulsory insurance was stressed. There was also the feeling that it would prove helpful in many countries if there should be a concerted effort to educate the public and convince the medical men of the advisability of employing only fully qualified registered nurses in cases of serious illness. Action was taken to the end that the International Council of Nurses will make a comparative study of the question of supply and demand based on examination of the definitions of a trained nurse and her duties as existing in different countries.

A Private Duty Dinner

The social side of the Congress was exceptionally brilliant and colourful, combining formality and informality in varying and delightful proportions. An event of personal interest and pleasure was a dinner given, in Paris, by the chairman of the private duty section of the Canadian Nurses Association. The guests were all private duty nurses, representing each one of the Overseas Dominions. Miss MacDonald, the chairman of the Private Duty Nursing Committee, International Council of Nurses, was the guest of honour. Her re-appointment as chairman for the next quadrennial period was greeted with many expressions of gratitude, appreciation and satisfaction.

Department of Public Health Nursing

Convener of Publications: Mrs. Agnes Haygarth, 21 Sussex St., Toronto, Ont.

ESSENTIALS OF SUPERVISION

MARY B. MILLMAN, Reg. N., Superintendent, Riverdale District, Division of Public Health Nursing, Department of Public Health, Toronto.

The ultimate purpose of supervision in public health nursing is the improvement of the service given to the community, and to accomplish this, the nurse, who is the actual instrument in this service, must be improved. This is the objective of the supervisor, and she must certainly bear in mind that she can only attain to that end through the effects she can produce on the efforts and activities of other people. Her responsibility is not just to work through the nurse to the patient; she is also responsible for the growth of the nurse herself (which is an end in itself) for, until the nurse has increased her ability and knowledge, her service to the patient cannot reach the desired maximum.

In drawing up a programme for supervision, the supervisor must remember certain underlying principles:

1. The supervisor should herself have had considerable experience in the given field, and should have both the ability and the desire to teach. She also needs a certain amount of administrative ability. In short, democratic supervision demands a well-rounded personality.

2. Supervision must proceed upon a basis of definite well-understood standards.

3. Supervision must supply a means of enabling the nurse to live up to the standards set and to carry out the programme planned.

4. Supervision should encourage the good nurse to study and to prepare for more responsibility.

5. Supervision should be planned to help the mediocre and eliminate the poor nurse.

6. Supervision should be conducted in an impersonal way, but should not lack a kindly and sympathetic spirit.

7. Supervision is essentially a co-operative procedure in which both supervisor and supervised must share.

8. The supervisor must encourage the initiative of the nurse.

9. The administrative aspects of the work of the supervisor must always be secondary to the teaching aspects.

The first essential for a nurse who wishes to become a supervisor is to examine her own qualifications and, if possible, to prepare herself before undertaking the work of supervision. If she has had experience in the field, even though she is lacking in specific training as a supervisor, she may be successful by means of careful study and conscientious effort. If however she has had no experience, it would be wiser to refuse the position, for much harm to the organization and to herself can be done by an attempt to supervise without specific experience.

Definite standards of work must be set up for all nurses to follow, and if the nurse has not sufficient training to attain these standards, it is the responsibility of the supervisor to try to help her to remedy this lack. As the standards of an organization are constantly being raised, continual education of all nurses, including the supervisor, will be essential. In planning educational work the supervisor should consider not only the marginal nurse, but also the keen capable woman, and assist her to fit herself for supervisory or administrative work. The supervisor must never be autocratic but should be a democratic leader, encouraging the initiative of the nurses and making them feel

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(An address given at a staff meeting of the Division of Public Health Nursing Department of Public Health, Toronto.)

that they share in the thinking of the organization.

Criticism, if made in a constructive and impersonal way, is a real part in successful supervision, but if personalities enter in, or destructive criticism without commendation is made, the supervisor will fall short of her true objective. The nurses must never be allowed to feel that supervision is spying, but must be made to realize that it is advice and guidance that is offered. The supervisor must bear in mind that supervision is best when given in response to a felt need, and therefore that she must proceed warily and, if the nurse is unaware of her need, awaken her to it before offering advice. The last point and one never to be forgotten, is that the supervisor must not let her administrative duties crowd her teaching responsibilities. She is always a teacher, her administrative work making possible such smooth running of the organization that her teaching will be effective.

To discuss the principles of supervision is comparatively easy, but the actual application of these principles is a real problem. How is the supervisor to be a good teacher? What definite plan of work can she undertake? It need hardly be stated that the initial teaching and experience of a nurse undertaking new work is most important from the standpoint of her future attitudes and work; therefore it is essential that careful thought be given to the introductory programme. In the Division of Public Health Nursing of the Department of Public Health in Toronto we have the peculiar advantage of recruiting about a hundred per cent of our new staff from among those who have been our students. The training of our students is therefore the equivalent of introducing nurses to a new field. The long view should be taken in all our contacts with these students, not just considering them as students, but as our future fellow-workers, and arranging their field-work with great care. There should always be time for careful teaching and helpful conferences. The supervisor must realize that a definite introduction to each phase of the work must be made and that specific information regarding it must be given to the nurse. The supervisor must also take into account the varying personalities of these new nurses and adapt her plan of introduction to the needs of each. If the supervisor guides the nurse in a satisfactory way during this time, she is usually glad of such supervision, and is ready to ask for it and accept it throughout her public health nursing service.

The supervisor is faced with another problem than that of the new nurse. She has also to accept responsibility for supervising the nurse already on the staff. If this nurse has been initiated in the way indicated above she will probably welcome supervision; but, if she has been with the organization for some time and has not had organized supervision, she may resent it, and the supervisor will need great patience and tact in order to persuade her that supervision can really be helpful.

Supervision of home visiting is most difficult to carry on and in bedside nursing organizations is probably easier than in organizations where the work is purely educational. In either case there is the constraint of the third person, and neither nurse or patient is quite at ease. The supervisor must take this into consideration when judging the nurse's ability. After these visits are made the supervisor talks them over with the nurse specially noting her approach, adaptability, and technique, and her ability to secure data for records, to recognize problems and her capacity to teach. Constructive criticism and commendation are offered and the nurse has an opportunity for asking for suggestions and of explaining any doubtful point.

Some supervisors use the "substitute" visit as a means of supervision while others condemn it emphatically. If the substitute visit is made in a natural way, when the nurse is off duty for her half-day, or is ill or is at a conference, she will not resent it, but if she feels that the supervisor is a spy, it will serve little purpose. If time permits, a satisfactory plan is for the supervisor to substitute in the various districts while the nurse is on vacation. Although she will not actually see the nurse's work, she will find the results of it and, from the attitude of the family toward herself and the organization, can judge of the efficacy of the previous contacts. By talking to the family she can learn something of what the nurse has taught and she will get some insight into the problems which she has to meet in regard to types of families, housing, health conditions, facilities for transportation and distances to be covered. This knowledge makes the supervisor's advice more worthwhile than if it were based only on what the nurse tells her of the district. The nurse feels that the supervisor is speaking not just from theory and previous experience, but from an understanding based on a real knowledge of the particular district.

Supervision of work in schools, health centres and clinics is less difficult. In the school the nurse feels that she is the hostess and the awkward element of the third person is not as noticeable as in the home. The children and teachers are accustomed to supervisors and visitors and the nurse is accustomed to doing her work in the presence of others. The supervisor is more apt to be free from interruptions and can have a more satisfactory conference with the nurse. In the health centres and clinics the presence of an added person is not noticed and, if the supervisor makes herself useful with some clerical or other routine work she can observe much of what is going on. Reading and study of the daily records and case histories affords the supervisor an opportunity of learning more of the work done by each nurse, getting a hint as to her thoroughness, and ability to plan, and of the amount of work covered. Discussion of these, and of statistical summaries of work done during a certain period, will aid the nurse to realize the value of accurate records.

A supervisor may do much by so planning her own work that she is free for conference with the nurses while they are in the office. She must make herself accessible and invite discussion. She must never seem too busy to discuss at length any problem, but she should learn tactfully to limit the time of the garrulous in order to save time for others. She should be interested and sympathetic in any trouble in the district and back the nurse up if it be wise, or else endeavour to guide her into less troubled thinking. These individual conferences are valuable; from them she learns of the nurse's attitude to her work, and to public health in general. They also give her an opportunity to direct and encourage the nurse in right channels of thought and action.

Group conferences of all the nurses in one station, or larger staff conferences, allow the individual nurse to discuss her problems and get the opinion and advice of other nurses as well as of the supervisors. These conferences also afford opportunity for the broadening of knowledge by the introduction of speakers of note, or by discussion of new developments in public health. In all these conferences the supervisor should encourage the initiative of the nurse by urging her to contribute. She should never scoff at any suggestions but if they seem impossible, explain the reasons for their impracticability. She should try to make use of any wise suggestions that would benefit either the nurses or the work.

The plan of assigning a nurse to a district and leaving most of the planning of the work to the nurse herself makes for the development of initiative. But the supervisor will need to watch the work done and, if need be, offer suggestions regarding the re-planning of it. The supervisor may lose close contacts with the families and patients, but surely the development of the nurse's ability and initiative is more essential to the ultimate improvement of the work than that the supervisor should have her finger on each case.

In order to have the nurse appreciate and understand the administrative aspects of the organization and the problem of supervision, supervisors should arrange for each nurse to remain in the office or to substitute for her at certain periods. Seeing the work as a whole, and not merely from the standpoint of her own small district, makes for greater unity. As Mary Gardner says, "It is generally conceded that to see the other man's point of view is the secret of co-operation, but in the course of daily work to make him see yours is certainly not of less importance."

True supervision will not overlook the welfare of the nurse herself. She must be well and happy to do effective work, and a public health nursing organization has no right to teach health and to disregard the health of its employees. Preventive sick-leave should be advised if necessary, but this is not as important as the arrangement of the work so that the hours, the facilities for a noon meal and rest, are such that the work will not overtax strength or jeopardize health. It will mean much to the nurse if she is free of a sense of hurry and strain due to overwork. The supervisor should do all in her power to help her cover the necessary work with the minimum of effort and within the allotted number of hours. The supervisor should be aware of the peculiar personal demands, permanent or temporary, made on each nurse on her staff, so that she may feel there is a sympathetic understanding on the part of the supervisor. If the nurse's relationship with the other nurses is good it will do much to make her happy in her work, and a well conducted office will contribute to general efficiency. It is therefore the duty of the supervisor to try to avoid friction, and to be efficient herself in her office administration.

A definite standard of supervision for an organization such as this department might be as follows:

1. In the office, a short daily consultation with nurses should be possible. A study of records should also be planned at regular intervals and an uninterrupted conference with each nurse should be arranged twice a year.
2. Each school should be visited and the nurse supervised at least once a term. This supervision should include records, class inspections, complete physical examinations and conference with teachers, and should allow for unhurried conference on present work and future plans.
3. In health centres nurses should be supervised at least once in every three months and the health centre records should be studied and discussed with her.
4. The hospital, social and health service nurse should be supervised within the hospital at least every two months.
5. The supervisor should visit in the homes with the experienced nurse at least once a year and more frequently with new nurses.
6. The supervisor should give the new nurse, or one recently transferred to her district, the advantage of immediate supervision and should introduce her to her new field.

No report on any nurse should be sent to the director without the nurse being fully aware of all of the content. The supervisor should find the time of sending in the regular reports an opportune moment for an impersonal discussion with each nurse regarding her particular qualities or weaknesses, noting her improvements or retrogressions, thus making the nurse aware of the supervisor's opinion of her and her work, and allowing her an opportunity to correct these opinions if she feels they are a misinterpretation. If a supervisor and a nurse do not work satisfactorily together it is probably wise to separate them. Not all people, no matter how fine they may be, can work together congenially. Let both nurse and supervisor feel free to suggest that a move to another district be made and let the latter be sure that she does not prejudice the new supervisor. There is nothing more despicable than to allow the attitude of "give a dog a bad name and hang him" to arise regarding any nurse. The supervisor must be impersonal yet kindly and understanding in all her contacts with her staff. She must not let prejudice or personal likes and dislikes tinge her attitude toward a nurse or her work. At all times she should endeavour to display a calm and unirritated attitude, avoiding anything that hints of the temperamental. In our department in Toronto the district supervisor has the peculiar advantage of having the district medical officer, and the special supervisors as well as the director and her assistant to call on for help or direction. From the district medical officer she expects leadership in matters medical and the bringing of new information, on his own initiative, in regard to preventive medicine. She looks to him for impersonal and helpful criticism concerning the abilities of her nurses and for help in developing those abilities so that the nurses may co-operate with and be of assistance to him. From the special supervisors she anticipates helpful teaching in those specialties for which each is responsible and, of course, the director and the assistant director are always there to advise and help the supervsior and to direct general policies.

The details of a supervisor's work may vary, but the principles remain the same. She is a teacher, seeking to improve the services given by her organization. But she must not be content merely to teach the details of the work. She must by her own enthusiasm, interest and desire for service inspire the nurses to give of their very best to the community, if she is to claim that she is providing good supervision.

ECHOES OF THE CONGRESS

R. M. TANSEY, Reg. N., Supervisor, Verdun Branch, Victorian Order of Nurses.

In the wee small hours of the morning when many a nurse watches her patient carefully for fear the candle of life will flicker out, we Canadians, about one hundred strong, landed in Paris after being catapulted through the Normandy countryside. I use the word advisedly: no other could fittingly describe our passage, it had been so swift that it hardly seemed as if we touched the rails at all. There were eleven V.O.N.'s: Miss Gardner from Vancouver, where all year round there is a gentle climate; Miss Burns from St. John, where it's never hot; Miss Beauchamp from Kenogami, where snow and ice reign supreme seven months in the year; Miss Greenwood from Toronto, whom we knew quite well; Miss Railton, who wondered while in the Paris train if there had been any new babies in Barrie since her departure; Miss Sheridan from Hamilton, who had visited us three years ago. Miss Valiquette from Ottawa and the four of us. We thought we had really quite a good representation.

The first day we passed in getting oriented. Traffic seemed a bit wild, and on the wrong side of the street, but surprisingly, there are few accidents; and we finally found out where to eat and where to go.

Four sessions of the Congress went on at the same time, and you rushed from one to another in a hurry, feeling that otherwise you were sure to miss something valuable. Mental hygiene occupied a very prominent place on the programme, it being the first object of discussion. Miss Effie Taylor stressed the necessity for its knowledge in order to enrich our service and to provide a key unlocking a door to broader fields of opportunity for the welfare of the people we serve.

A luncheon for public health supervisors gave us some idea of public health ways in Czecho-Slovakia and Latvia, two countries which to us are hardly placeable as yet on the map of Europe. Miss Anderson, of the East Harlem Health Demonstration Centre, gave a short talk and it seemed quite a jump from the little three-roomed flat in Latvia run by the Red Cross, and its tiny centres, something like miniature health units, to East Harlem with its well-defined instruction, its highly-trained staff and its very unusual pooling of agencies. The Pasteur Institute also claimed our interest, and we listened to the merits and uses of the B.C.G. vaccine and paused thoughtfully at Pasteur's tomb and remembered how much we really owe to this French genius. Going home in the soft Paris night, with the Eiffel Tower ablaze before us, the fountains playing and the parks full of lights, we found it hard to realize that it was Paris and not fairyland.

On this high note, we left Paris, for the next day the Congress moved to Belgium, and for some reason or other, Brussels captivated our fancy at once. Maybe it was the signs all over the place, in the two languages, that caught our eye, for French and Flemish are both spoken, or maybe because Belgium is such a tiny country, we fell in love with her. There were dozens of nurses down at the station to meet us for as we had come *en masse*, customs rules and regulations were laid aside. The hotels were delightful, only it did pour rain. However it seems to do that a good deal in Brussels, so no one minded. We learned that, while nursing education had a late start in Belgium, it is now in full swing. The president of the National Federation of Belgian Nurses gave us some idea of its progress, and Miss Hazel Goff, of the Health Section of the League of Nations, gave a report on her work and urged that public health principles be so interwoven with the basic course as to make them the warp and not the woof on which the curative and clinical instruction is given. There was considerable discussion as to how this should be done, and many and varied plans were suggested. Mrs. McWhinney, from the Irish Free State, presided and made us feel that we are already marching on new roads, and that nursing is still an adventure. In Ireland they make an attempt to correlate their hospital training with public health work. When a student has had experience in a children's hospital, she goes to a child welfare clinic in order to gain knowledge of the preventive and social aspects.

In the American Hospital in Greece, they carry the mother right through the pre-natal, natal, post-natal and infant welfare periods, and as it is a comparatively small school there is a continuity of interest. England was rather interested in finding out how Greece was doing this work and if every nurse had it and if it did not mean curtailment in other lines. Belgium and Ireland contended it could not be done in the three years and our own Miss Lindeburgh gave some idea of the practical requirements in the basic course.

As a finale, the Burgomaster gave a grand reception for us in the Town Hall. There were flowers everywhere and much excellent refreshment and a gay orchestra and under the sombre eyes of many an old Flemish dignitary we felt very young and that we had come from far away.

And so the Congress ended. Did we learn anything new? Perhaps not, concretely, but that we were stimulated by the people we met from other lands cannot be a matter of doubt. At one time it would be the matron of a hospital in Cairo where, due to malnutrition and pellagra, splenectomies are an every day occurrence; then it would be a young nurse from India, having only native help, where at certain seasons there is a great deal of cataract work; or again it was Miss Rosenberger from Korea, where our bags and uniforms are still in use, but where the ones for everyday work had to be made smaller because ours are a bit too heavy for the Korean nurses who are all built on smaller lines than we are.

Paris and Brussels will always be two bright spots in our memories. We are only beginning now to sort things out, for at the time, there was so much going on that we could not absorb half of it; the beauty of the Paris boulevards; the masterpieces in the Louvre where you could spend days on end; the Sainte Chapelle, where the windows made you silent with awe at their glorious colourings; the charm of the Belgian capital; the grandeur of the Palace of Justice; and the simple human friendliness of their people will linger long in our minds as souvenirs of a very wonderful week in our everyday lives.

Correspondence

Tributes to Miss Snively

Dear Miss Wilson:

I have just received your letter telling me of the passing of Miss Mary Snively. Will you, on my behalf, convey to the Canadian Nurses Association my sorrow and sympathy for them in their loss. In the passing of the Foundress of their Association they have lost a great leader. In my message of sympathy I would, if I may, beg that they, and we, should ever in our own work have before us her example of dauntless enthusiasm and her magnificent efforts for the highest ideals in our profession, and in the giving of herself to all that is noblest and best for the work's sake.

Yours sincerely,

ALICIA LLOYD STILL,
President, International Council of Nurses.

Dear Miss Emory:

I have learned with deep regret the sad news of the death of Miss Mary Snively. In the name of the French Trained Nurses Association, I beg to offer to you and to your National Association our very sincere sympathy in these sad circumstances. We all know what your beloved Founder has done for the nurses in Canada and we feel with you in this loss.

Yours very sincerely,

L. CHAPTAL,
President: *Association des Infirmières Diplomées de l'Etat Francais.*

Reg. N., or R.N.?

The following excerpt from the *Renfrew Mercury* was received by the chairman of District 8, R.N.A.O., and presented by her to the executive committe of that district. It is forwarded for the consideration of the readers of *The Canadian Nurse*:

"In Renfrew and district we have several young ladies accustomed to place the initials R. N. after their names, or at least somebody does it for them, which initials stand in high official circles for Royal Navy. After the names of some nurses appears the affix Reg. N., but why anything at all? It may be advertising, but apart from that there seems to be no occasion for it when so many men and women go through life with nothing attached to names to indicate vocation."

A. G. TANNER.
Sec'y Treasurer, District 8, R.N.A.O., Ottawa.

Letters bearing on the question raised by the *Renfrew Mercury* will be welcomed. — *Editor.*

A Human Document

I am a student nurse. I belong to the nursing profession and I am sorry. I love my work. It delights me when I straighten a patient's pillow and she leans back with a grateful sigh. It thrills me to know that when I have worked over a patient very hard, one morning to have her wake up better and on the mend at last; to overcome some crochety old man's ill-temper; to win a smile from a complaining chronic; to comfort the depressed; change a dressing, watch an intravenous, and feel the pulse grow stronger as the strength giving solution goes into the vein, to bath a crying infant and take it to its mother to be fed and comforted.

I am interested in my work, and yet I wish I were out of it all. Why, just because a human being wants to be a nurse, is she forced to work beyond all human strength, expected to do it cheerfully, and demanded at all times to present a happy countenance to the patients, be polite to the doctors, and deal tactfully with harassed relatives of the sick?

I do not think these conditions are peculiar to my training school: I have enquired of graduates from other schools and find that much the same conditions exist elsewhere. We are expected to be intelligent and ready for all emergencies. We are asked to attend lectures, to copy reams of notes, and study them, and yet we are so tired it is almost beyond our physical strength to keep awake, because seven days of the week, fifty weeks of the year we get up at 6 a.m. (no weekends to our rescue!) with the penalty of spending our much-needed rest time on the ward if one minute late for roll-call. And yet I am going to try and struggle through, because I want to be a nurse.

I realize that supervisors and superintendents are overworked, and that too much responsibility is placed upon them, but why, oh why, cannot we have an eight-hour day so that we could all have some rest and recreation—a little time to live!

A STUDENT.

Very Much Alive

For many years we received a copy of your excellent Journal, *The Canadian Nurse*, but for some time past this did not come to hand and I was under the impression, until today's reading of the September issue of *The British Journal of Nursing*, that you had ceased to publish the magazine. May we be restored to your mailing list as we find the *Journal* of great interest and, without it, have lost touch with the nursing movements in the Dominion of Canada?

E. P. EVANS.
Secretary, Australian Nursing Federation,
Sydney, Australia.

What This Patient Needs

Enclosed find two dollars for a *prescription* of *The Canadian Nurse* for one year. Thanking you.

S.H.L., Alberta.

Book Reviews

HOSPITAL MEDICAL STATISTICS, a brief description of the system used in the Department of Hospitals in the City of New York, by Caroline R. Martin, M.D., Director, Central Medical Statistical Bureau, New York Department of Hospitals. Illustrated; 88 pages. Price, $1.50. Published by the J. B. Lippincott Company. Canadian Office: 525 Confederation Life Building, Montreal.

The keeping of complete and accurate medical records is considered one of the functions of all well-organized hospitals. So important is this function held to be that the standing of any institution is judged to some extent by the character of its medical records. Nurses in general have a considerable share in record-keeping, and those who are the heads of hospitals require a thorough knowledge of modern methods in order that they may guide the installation and maintenance of an efficient system. The publication of Dr. Caroline Martin's handy little volume will be welcomed by those who are confronted either with the task of putting in an entirely new record system or of making an old one up-to-date. Dr. Martin is the director of the Central Medical Statistical Bureau of the New York Department of Hospitals and, in that capacity, is recognized as a national authority on the whole question. Her book is far more important than its small size would indicate for the simple reason that it presents its subject matter in a highly condensed form.

The book begins with a brief guide for obtaining a clinical history, and reference is made to the unit history system and to standardization of forms and nomenclature. The use of a code system which permits of ready and inexpensive tabulation is described in some detail. The importance of properly trained historians is stressed and it is suggested that competent graduate nurses are acceptable in this capacity.

Any superintendent of a hospital who is faced with the problem of installing a modern record system would do well first to study the book herself, and then to draw it to the attention of the members of the attending medical staff. Such action will not only save time and avoid controversy, but will ensure getting the new venture away to a good start in a workmanlike and scientific manner.

E. J.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

A Royal Recognition

Canada's nursing service and nurses were notably honoured recently when Their Majesties King George V and Queen Mary graciously received in informal audience, Miss Priscilla Campbell, Superintendent of the Chatham General Hospital, Chatham, Ontario. Miss Campbell was a member of the C.N.A. Congress Tours following which she spent five months in study and observation of nursing in Great Britain. While in London, Miss Campbell had the pleasure of meeting Miss Catherine Black, a London Hospital Sister and nurse to His Majesty the King. Miss Black, who is in residence at Buckingham Palace, invited Miss Campbell to tea with her at the Palace and later Miss Campbell received an invitation to the Palace in order that she might be presented to Their Majesties, and to see the Changing of the Guard. In a letter to the Executive Secretary, Miss Campbell writes in part: "It was a truly delightful experience, and a great privilege, all very informal of course. I was presented to Their Majesties by Miss Black. They chatted very informally about my visits to English hospitals, and talked about Canada and Canadian nurses. The King is a most charming and noble gentleman in whose presence one readily feels at ease. The Queen is a very dignified and gracious lady and a beautiful queen. I feel that this experience has been a great personal privilege and an honour to Canadian nurses and has been brought about through Miss Black's efforts and contact with His Majesty." A note expressing sincere appreciation of this recognition of Canadian nurses through the delightful courtesies shown Miss Campbell has been sent to Miss Catherine Black by Miss Florence H. M. Emory, President, Canadian Nurses Association. Miss Campbell will return to Chatham on January 1, and while *en route* from the seaboard will visit the National Office.

The General Meeting

It is appropriate and opportune that the Canadian Nurses Association should assemble in the City of Toronto in 1934 for the General Meeting and the observation of the twenty-fifth anniversary of the founding of the Association. At the same time Toronto itself will be in festive mood and array celebrating its centennial of incorporation as a city which, within the century, has become one of the largest, most beautiful and progressive of Canada's metropolitan centres.

The management of the Royal York Hotel has allotted ample space in that palatial building for the convenient accommodation of the Association during the convention period. The fact that the C.N.A. has accepted the cordial invitation of the Registered Nurses Association of Ontario to meet in the largest hotel in the British Commonwealth of Nations is a challenge for a record-breaking attendance: the present record goes to the meeting in 1926, held in the Château Laurier, Ottawa, when the General Meeting and the Ceremony of the Unveiling of the Canadian Nurses' Memorial in the Hall of Fame of the Federal Buildings brought together over eight hundred nurses.

The Programme

There has developed a consciousness among those responsible for the planning of programmes for national meetings that when representative groups of the membership from scattered areas throughout the length and breadth of the Dominion make an effort to attend national assemblies of nurses, the programme offered must be capable of stimulating thought, interest and discussion which will be beneficial to the welfare of all groups. Already the plans for next June are well

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario

advanced and one may venture to forecast that the "convention appetite" of even the epicure will be fully satisfied during the week, June 25th to 30th.

Among the speakers will be representatives of Canada's Universities; educationalists of repute whose interest in community needs and welfare are well known.

It is customary at biennial meetings to review the past, to report on and discuss present activities and programme and also to give thoughtful consideration toward future development and policies. The programme for the June meeting reflects these three eras: The past is to be depicted in an historical tableau and oration; the present will be emphasized in the reports, with discussion, of the sections and various committees, especially the Joint Study Committees, national and provincial; the future of nursing will be presented and studied from the point of view of public health and private duty nursing, and nursing education. Necessary time will be allocated to the more practical but essential responsibilities of the organization, while the social events already planned by the Arrangements Committee are in keeping with the occasion and with Old Ontario's established reputation for hospitality.

Members of the Programme Committee are: Convener, Miss Florence H. M. Emory, president; Miss Nora Moore, honorary secretary; Miss Isabel MacIntosh, chairman, private duty section; Miss Margaret Moag, chairman, public health section; Miss Grace M. Fairley, chairman, nursing education section, and the chairman of the Arrangements Committee, Miss Mary Millman. Other members of the latter committee are: Rev. Sr. Jean, Misses Austin, Beamish, Buck, Maude Campbell, Greenwood, Gunn, Heffernon, Mickleborough and Matilda Fitzgerald (secretary).

Hotel Rates

As expense is a determining factor to the individual member who wishes to attend the General Meeting, the rates for accommodation, comfortable and convenient to convention quarters, are published herewith. Except where indicated, rooms with a bath are quoted, also the quotation given for double rooms is per person (S., single room; D., double room).

Royal York Hotel: S. $3.50; D. $3.00.

King Edward Hotel: S. $2.50, $3.00, $3.50; D. $2.00, $2.50, $3.00.

Westminster Hotel: 210 Jarvis Street—S. $2.50; D. $2.00 (European plan, tea room and dining room in connection).

Hotel Waverly: 488 Spadina Avenue—S. $2.50, $3.00, or with hot and cold water only, $2.00: D. $2.00, $2.50, $3.00, or with hot and cold water only, $1.50, $1.75.

Y.W.C.A.: 76 Pembroke Street and 18 Elm Street—Bed and breakfast, $1.00, $1.50; Room and meals, $1.50, $2.00.

Those wishing convent accommodation should write to Rev. Sr. Superior, St. Michael's Hospital, Bond Street, Toronto.

Survey Reports

Copies of the Report of the *Survey* of Nursing Education in Canada (1932) can be obtained from the secretaries of the Provincial Registered Nurses Associations. The address of each of these officers is listed in the Official Directory under provincial associations. Also, to aid in studying the Report, there is a limited supply of reprints of addresses in discussion of the Report by four outstanding authorities. These reprints are available at the National Office at twenty-five cents a set. The cost of the *Survey* Report is $2.00, postage included.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

Calgary: The Calgary Graduate Nurses Association held a very successful bridge and sale of work on November 28, when a goodly number of nurses and their friends were present. The guests were received by Miss P. Gilbert, president, and Miss A. Casey, convener of the entertainment. The sale of work under the able convenership of Miss D. Mott was well patronised. A successful raffle was also carried out, the winner being Mrs. M. Blunden, of the V.O.N.

Lethbridge: Nurses in this city will benefit by a decision reached at the meeting of the Lethbridge Graduate Nurses Association held recently, when it was decided to place a copy of *The Canadian Nurse* in the local Public Library for their use. The problem of unemployed nurses also came up for discussion and suggestions for remedying the situation were forwarded to the registrar, Miss Kate Brighty, secretary of the Alberta Registered Nurses Association.

Medicine Hat: The regular meeting of the Medicine Hat Nurses Association was held at the home of Mrs. J. J. Hewitt on November 6. Reports from the Convention recently held in Calgary were read and after the business meeting an hour of bridge and refreshments were enjoyed. The Medicine Hat Graduate Nurses Association held a successful bridge party at the home of Mrs. (Dr.) F. W. Gershaw on October 18. Fifteen tables were played, after which a dainty luncheon was served. The proceeds will be used to assist the General Hospital.

MANITOBA

Brandon: The Brandon Graduate Nurses Association held their monthly meeting on November 7, forty-one being present. At the close of the business meeting the mental hospital group took charge, Miss Anderson introducing the speaker, Miss Kathleen Condell. The subject was pioneering in mental hygiene in Manitoba. The history of the development of the mental hospitals at Selkirk and Brandon was made most interesting and instructive. Lunch was served, bringing to a close a most delightful evening.

Winnipeg: The regular monthly meeting of the Manitoba Association of Registered Nurses was held on November 17, the evening meeting, which took the form of a debate between the public health and private duty sections, brought out a record number of members. The subject of the debate was: "Resolved that the M.A.R.N. requires the services of a training school advisor." The affirmative was taken by the public health section represented by Miss Emily Parker, Miss Cory Taylor, and Miss Lynette Gunn and the negative by the private duty section represented by Miss K. McCallum, Miss Ellen Banks and Miss Mary Lang. The judges were Miss Webster, formerly of the Montreal General Hospital; Miss Esther Thompson, Director of the Home Economics Extension Services of Manitoba; and Miss Christina Macleod, superintendent of nurses in the Brandon General Hospital. After commending all who took part the judges gave their decision in favour of the negative. A debate is apparently a very popular form of entertainment and instruction and certainly was most successful in bringing members out. In addition, two excellent papers were given by Miss E. A. Russell and Miss E. A. Wells of the provincial public health nursing service on their experiences while attending the International Congress of Nurses. We are hoping to hear more from them at a later meeting.

NEW BRUNSWICK

Fredericton: At Hallow'een the Nurses Home was the scene of gaiety and merriment. Ghosts and witches traveled the corridors, jack-o'-lanterns smiled merrily from the windows. The most interesting feature of the programme was the initiation of a probationer who was forced to undergo an appendectomy, a lusty sausage offered itself as the appendix and spirits of peppermint proved to be good anaesthetic. The patient is convalescing rapidly.

Married: On June 29, Miss Ella Sands (V.P.H.), to Mr. Robert Carson, of St. John, N.B.

Married: On July 18, Miss Miriam MacDonald (V.P.H.), to Mr. John Bird, Inspector of R.C.M.P. stationed at Ottawa at that time.

Married: On August 29, Miss Dorothy Coates (V.P.H.), to Mr. Garnet Vail, R.C.M.P., Campbellton, N.B.

Married: On September 29, Miss Elizabeth Groom (V.P.H.), to Mr. S. McKim.

Saint John: The monthly meeting of the local chapter of the New Brunswick Registered Nurses Association was held on Nov. 20, with a large attendance. Miss Ada Burns presided, and the business session was followed with the reading of a carefully prepared paper: "The Care of the Mentally Deficient," by Mrs. Van Dorser, chairman of the public health section.

During the past year the activities of this section included study and discussion of the chapters of the *Survey* which deals with public health nursing, and visits to various welfare and correctional institutions. Lectures were given by Dr. Emerson, Dr. Mabel Hanington and Miss Eileen Keefe. New scales were given to the clinic at the Health Centre. The officers for the year are: Chairman, Miss Martina Wallace; vice-chairman, Miss Alice Guilford; secretary-treasurer, Miss Alice Hegan; convener of programme committee, Miss Sarah Brophy. Dr. C. W. MacMillan addressed the section on Nov. 7, and following the meeting, Miss Margaret E. Anstey, director of the Children's Aid, together with the members of the section, entertained in honour of Mrs. E. Phyllis Pettit, who recently resigned as executive secretary of the Family Welfare Association. Mrs. Pettit was made the recipient of an amethyst necklace.

The Committee on Curriculum of the N.B. A.R.N. met recently and made recommendations for the improvement of instruction. Those present were: Miss A. J. McMaster, Moncton; Mrs. Woodcock, Fredericton: Miss E. Tulloch, Woodstock; Rev. Sister Kerr, Campbellton; Miss M. E. Retallick, Miss A. Burns, and Miss Margaret Murdoch of Saint John.

Congratulations are being extended to Miss Estela Hayes, of the Moncton City Hospital, who led the province in the recent Reg. N. examinations; Miss Helen Crockett, of the Fredericton Hospital, came second, and Miss Elizabeth McAlary, third.

The S.J.G.H. Alumnae Association met on Nov. 4 with the president, Mrs. Dunlop, in the chair. The regular business meeting was followed with sewing in aid of the V.O.N. The student nurses of the School of Nursing of the Saint John General Hospital entertained on Nov. 9. It being the eve of Remembrance Day the effective colour scheme for the decorations was red, white and blue. The guests were received by Miss Murdoch and Miss Wilson. Sympathy is extended to Miss Hazel Myles in her recent bereavement.

MARRIED: On Nov. 20, at Springfield, Massachusetts, Miss Marjorie Driffield (Miramichi, 1931) to Mr. M. J. Byford. Mr. and Mrs. Byford will reside in Boston.

WOODSTOCK: The monthly meeting of the Alumnae Association of the L. P. Fisher Memorial Hospital was held on Nov. 21, with Mrs. Harry Dunbar presiding. Dr. N. P. Grant gave an interesting lecture on cancer. The organization of this Association took place last May, when officers were elected, annual fees decided upon, and a penny fund taken up for sick nurses.

The graduating exercises of the Fisher Memorial Hospital School of Nursing were held on Dec. 1, when addresses were given by Judge Carleton, Rev. W. C. Moore and Dr. J. F. L. Brown. The graduating class recited the Florence Nightingale Pledge and the class prophecy was read by Miss Marjorie Stoddard. The valedictorian was Miss Jennie Belyea. The class included the Misses Marjorie Stoddard, Mary Simonson, Jean Bellis, Jennie Belyea, Leota Tompkins.

MARRIED: On Oct. 9, Miss Marjorie Malloy (F.M.H., 1932) to Mr. Melburne Currie.

NOVA SCOTIA

HALIFAX: At the November meeting of the Halifax branch of the Nova Scotia Registered Nurses Association, two very interesting addresses were given, one by Miss Pepper, nutritionalist for the Canadian Child Welfare Association, and one by Miss Gertrude MacKenzie on the International Congress.

On Nov. 9, the School of Nursing of the Victoria General Hospital held its graduating exercises and fifteen nurses received their diplomas. The diplomas were presented by Dr. F. R. Davis, Minister of Health for Nova Scotia, and the address to the graduating class was delivered by Dr. H. F. Munroe, Superintendent of Education. The prize winners were Miss Davida York and Miss Roxy Ford. Following the exercises a dance for the graduating class and their friends took place at the Lord Nelson Hotel.

On Oct. 25, the School of Nursing of the Children's Hospital held its graduating exercises in the beautiful new residence. Nine nurses received their diplomas. The president of the Board, Mr. O. E. Smith, in his opening remarks, gave some very sound advice to the nurses. Certain landmarks of progress during the training of this class may be noted: a new residence, a new class and demonstration room, the appointment of a qualified instructor and a dietitian, as well as the establishment of a central lecture course in conjunction with the Victoria General Hospital and with the Halifax Infirmary. The address to the graduating class was delivered by Dr. Grant, Dean of the Medical School of Dalhousie University. Dr. A. E. Doull gave a brief appreciation of the work of the nurses. A delightful social evening followed the exercises.

Miss Evelyn Walsh, B.A., a graduate in household science of Acadia University has succeeded Miss G. Gwillim as dietitian at the Children's Hospital, Halifax.

ONTARIO

District 1

CHATHAM: The Alumnae Association of St. Joseph's Hospital sponsored a dance, the proceeds of which are to be used for the permanent education fund. A bridge party was also held recently.

MARRIED: On Nov. 13, at River Carrard, Essex, Miss Angela Blonde (S.J.H., 1924) to Mr. Frank Driscoll, of Chatham.

Districts 2 and 3

BRANTFORD: An interesting programme for staff conferences has been arranged by the nursing staff of the Brantford General Hospital. One meeting each month is devoted to a non-professional topic. In November, Mr. W. G. Raymond spoke on the subject of "Public Speaking." In December, Mr. E. T. Sterne took as his subject "Some Aspects of Chemistry." Both addresses were greatly enjoyed. The monthly meeting of the Alumnae Association of the Brantford General Hospital was held Dec. 5, when Rev. Dean Johnston gave a splendid address on "The Political Situation in Europe." Miss Rae Isaac (B.G.H., 1924), who is on furlough from Kong Moon, China, has registered at the Brantford General Hospital for postgraduate study. Miss Dorothy Franklin (B.G.H., 1932) has registered for postgraduate study in special subjects. Miss Amy Adams (B.G.H. 1932) has returned to her home in Trail, B.C. Miss Hilda D. Muir, operating room supervisor, and Miss Rae Isaac attended the refresher course at Toronto University.

The annual meeting of the Brantford Branch of the Ontario Red Cross was held recently. Mr. R. E. Gunther was re-elected president; Mrs. J. N. Mitchell, of the Victorian Order of Nurses, was appointed as chairman of the Home Nursing Committee; Mrs. Fred Unger will direct the organization of the classes again this year. Miss Beulah Scott, Red Cross Outpost Hospital, Apsley, attended the meeting, and received a shower of books and toys for Christmas at the Outpost Hospital.

KITCHENER: The monthly meeting of the Kitchener-Waterloo Chapter R.N.A.O. took the form of a supper. Covers were laid for sixty and the tables were gay with Christmas colour. The speaker was Miss Rosenburger, who interestingly outlined public health in Korea. The election of officers resulted as follows: Chairman: Miss A. E. Bingeman; vice-chairman, Miss H. Wilson; secretary, Miss Ida Brubacher; treasurer, Miss W. Knell.

Kitchener student nurses of the Kitchener-Waterloo hospital are enjoying an affiliate course with the Riverdale Isolation Hospital, Toronto. They are also privileged to spend some time with the Kitchener Public Health organization. This is proving to be eminently satisfactory. At the November meeting of the Kitchener-Waterloo Alumnae Association an instructive lecture on intestinal intoxication was given by Dr. Whaley. Plans were made for a Christmas social

MARRIED: Miss Olive W. McArthur (K.W. H. 1931) to Mr. Howard Latsch.

MARRIED: Miss Gladys L. Guenther (K.W. H. 1928) to Mr. Fred Cords.

MARRIED: Miss Margaret E. Muir (K.W.H. 1932) to Mr. Briceton Palmer Waugh.

MARRIED: Miss Violet Ballantyne (K.W.H. 1932) to Mr. Howard Christner.

District 4

HAMILTON: A Christmas charity bridge was held on Nov. 30. The committee included the following: Miss L. McElhone (convener), Misses H. McMannamy, M. Kelly, E. McKenna, K. Dowling, A. Melody, M. Metzger, H. Fagan, A. Williams.

District 5

TORONTO: An interesting event took place on Nov. 12, when the graduates of Miss Mary Agnes Snively, for many years superintendent of the Training School for Nurses of the Toronto General Hospital, and a renowned pioneer in nursing, gathered at a dinner in memory of her. Had she lived, she would have reached the age of eighty-six on that day. Several speakers eulogized Miss Snively in loving and heartfelt terms and in humorous anecdote. A generous letter of high praise from Miss Jean I. Gunn, the present superintendent of the training school, was read, and was much appreciated as coming from one whose hands hold a great many more responsibilities than existed in the old days, and whose own achievements and excellence won such signal honour in Paris this past summer. Miss Gunn's letter was as follows:

"Dear Mrs. Aubin:—I regret very much that I am unable to accept your invitation for dinner. In previous years the twelfth of November has always been a special day for the Toronto General nurses, when we all remembered Miss Snively's birthday, and although in recent years she did not feel able to meet the nurses in large numbers, still she enjoyed to the fullest extent the birthday greetings that found their way to her quiet room in this busy hospital. She always spent a happy day, full of memories of birthdays long past, and blessed with loving greetings from those who were privileged to claim her as a friend. So I hope this evening will not be a sad one, but will sound a note of triumph for a life that brought guidance and inspiration to each one, and whose influence did much for the profession which we all hold so dear. The graduates of our school have a great heritage from a great woman, and teacher, whose life so closely followed the text which was the last written message I received on the Saturday before she went away: 'My verse for today, Saturday, September 23, 1933, *I will instruct thee and teach thee in the way thou shalt go*'."

Miss Snively time and again spoke to her nurses of the unfailing kindness of the great and good woman who has followed her as superintendent of nurses at the Toronto General Hospital, who in the midst of a multiplicity of exacting duties was chiefly instrumental in making Miss Snively's last years the happiest of her life. Miss Snively's graduates decided that, in future years, they would set aside the evening of November 12 for a gathering in her memory and honour.

TORONTO: A general meeting of the Public Health Alumnae Association was held at the School of Nursing, Toronto University, on Nov. 28. Amalgamation with the hospital teachers and administrators alumnae was heartily endorsed, and it was decided that the executive should take the necessary steps for the merger. It was decided to make a small levy as a means of raising money for a gift to the School of Nursing and it is hoped that there may be some graduates who are not members but might like to contribute. The hospital, teachers and administrators group later joined with the Public Health Alumnae in holding a reception for the public health classes of Courses 1 and 2, and the new class of the teachers and administrators. Miss Kelly sang several delightful numbers, and Miss Greenwood gave an excellent informal talk on the International Congress.

TORONTO: Community Health Association of Greater Toronto: A valuable and reassuring address on "The Prevention of Heart Disease" was given by Dr. John Oille, assistant professor of medicine at the University of Toronto, to about eighty members of the Community Health Association of Greater Toronto on December 1. Miss Laura Gamble, president of the Association, introduced Dr. Oille, and a vote of thanks was moved by Miss Ruby Hamilton and Miss Irene Hedges.

TORONTO: Grant MacDonald Training School. On Nov. 17 the Alumnae Association gave a children's party to help raise funds for Christmas cheer boxes. The patients' annual sale of work was held on Nov. 25, and the proceeds from the tea served by the Alumnae Association will also be used for this purpose.

MARRIED: In October, at Toronto, Miss Kathleen Murphy to Rev. B. Smyth of Tunisfail.

MARRIED: In October, at Toronto, Miss Beth Crawford to Mr. Keith Gordon, of Toronto.

MARRIED: In October, at Orangeville, Miss Marjorie Clark to Dr. Thos. Kirkpatrick, of New Hamburg.

MARRIED: At Toronto, Miss Helen Tucker to Mr. John McCallum, of Alton.

MARRIED: In September, at Toronto, Miss Rita McDougall to Mr. Lang, of Toronto.

MARRIED: In September, at Toronto, Miss Muriel Reid to Rev. Mr. Forte, of Horning's Mills.

DISTRICT 6

LINDSAY: The regular meeting of the Alumnae Association of the Ross Memorial Hospital took place at the home of Miss K. Mortimer, with sixteen members present. After a short business meeting the remainder of the evening was spent with music and bridge, Miss Harding, operating supervisor, being the winner of the first prize. Mrs. Morrison (nee Miss McNevan), a recent bride, was presented with a flower bowl and candle holders. A number of the members took advantage of the presence of two ladies gifted in reading teacups to look into the future. At the close a delectable lunch was partaken of and the evening was such a pleasant one that it was unanimously decided to hold a similar meeting in the near future.

DISTRICT 7

BROCKVILLE: Miss Cornelia Sheridan (B.G.H. 1916), who has been director of the V.O.N. in Hamilton for the past five years, has returned from Europe, having attended the I.C.N. Congress and visited hospitals in Great Britain and on the Continent.

PRINCE EDWARD ISLAND

CHARLOTTETOWN: The regular quarterly meeting of the Graduate Nurses Association of Prince Edward Island was held in the Prince County Hospital, the president, Miss Pidgeon, in the chair. Routine business was taken up. There was a large attendance from Charlottetown. At the close of the meeting, afternoon tea was served.

MARRIED: On September 7, at Milton, P.E.I., Miss Lillian Moore (P.E.I.H. 1932), to Mr. Wm. Seaman of Charlottetown.

MARRIED: On October 25, at Cornwall, P.E.I., Miss Mary Florence McKenzie (P.E.I.H. 1930), to Mr. Daniel Livingstone, New Dominion.

Married: On November 9, at Moncton, N.B., Miss Ida Jane McLean (P.E.I.H. 1932), to Mr. Harold Heartz, Charlottetown.

Married: On November 10, at Cornwall, P.E.I., Miss Annie McPhee (P.E.I.H. 1929), to Mr. Stewart Moore, Charlottetown.

QUEBEC

Montreal: On Nov. 10 Miss Isabell McConnell (M.G.H. 1925) visited the School of Nursing of the Montreal General Hospital. Miss McConnell is on furlough from the Presbyterian Mission Hospital, at Jobat, Central India, where she has been engaged in missionary work for the last five years. Incidentally, Miss Bessie MacMurchy (M.G.H. 1931), having recently joined this mission station, made it possible for Miss McConnell to take this respite from her arduous duties. A missionary's furlough is not all play, but Miss McConnell was kind enough to spare some time for us, in the midst of a busy week in Montreal, addressing numerous meetings and attending functions in connection with her work. Fifty preliminary students greatly enjoyed the informal talk that Miss McConnell had with them, and much interest was shown in the Indian souvenirs displayed. At a well-attended meeting of the Alumnae Association, Miss McConnell, looking most attractive in a charming blue sari, gave a delightful description of her work. Her intense interest in the uplift of the people among whom she lives was manifest, and with our admiration was blended a touch of envy of one whose life is such a real blessing and whose influence is so far reaching.

Friends of Miss Mary S. Mathewson (M.G.H. 1925) will be interested to hear that she has been appointed part-time instructor for public health students in the School for Graduate Nurses, McGill University. Miss Mathewson has, for the past few years, been associated with the Child Welfare Association of Montreal, and has been in charge of the Welfare Centre on St. Hubert Street. Miss E. M. Sykes (M.G.H. 1932), who has been a member of the staff of the Laurentian Sanitorium at St. Agathe des Monts, is returning to England, and her position has been filled by Miss Mary Hamilton (M.G.H. 1932), who has resigned from the Protestant Infants' Home, where she acted in the capacity of night supervisor. Miss Hamilton has been replaced by Miss Lilly Burri (M.G.H. 1933).

Married: On Nov. 8, at Hamilton, Ont., Miss Marion Roberta Miller (M.G.H. 1927) to Dr. Evan Vere Shute. Dr. and Mrs. E. V. Shute will reside in London, Ont.

Married: On Nov. 8, at Montreal, Miss Marian E. Cooke (M.G.H. 1933), of St. John's, Nfld., to Mr. Cecil G. Rowe. Mr. and Mrs. Rowe will reside in Montreal.

Montreal: Miss Marion McNaughton (R.V.H. 1933), is taking a post-graduate course in psychiatry at the Ontario Hospital, Whitby, and Miss Margaret Goldie (R.V.H. 1930), is taking a course in psychiatry at Johns Hopkins Hospital, Baltimore. Misses Jean MacLaren, Catherine Scott, Helen Reid, Norma Jamieson and Ruth Ross are taking postgraduate courses at the School for Graduate Nurses, McGill University. Miss Esther Robertson (R.V.H. 1933), is taking a post-graduate course in tuberculosis nursing at Ste. Agathe. Miss Grace Vanderwater and Miss Florence Jamieson (R.V.H. 1933), have taken staff positions at the Alexandra Hospital, Montreal. Miss Elizabeth Lyster (R.V.H. 1932), has joined the staff of the King Edward Institute, and Miss Constance Lamontagne (R.V.H. 1932), the staff of the Victorian Order of Nurses, Montreal. Miss Margaret Brady and Miss Margaret Carey (R.V.H. 1932), have taken positions in the Child Welfare Association, Montreal.

Married: On November 6, in New York, Miss Annie May Sutherland (R.V.H. 1928), to Mr. Leonard Augustus Fairbanks.

Married: On November, at Montreal, Miss Constance Moule (R.V.H. 1932), to Mr. Thomas Dickison.

Three Rivers: On Nov. 20 and 21 a regional conference for Metropolitan nurses in the Province of Quebec was held in Three Rivers. Twenty-two Metropolitan nurses and three supervisors attended, representing nineteen nursing services. Rimouski was the only service not represented, as the nurse there had some very ill patients whom she did not want to leave. The International Paper Company was also represented, as were the Child Welfare League and the Anti-Tuberculosis Association. The Metropolitan nutritionist, Miss M. McColl, contributed a valuable part of the programme. This Institute was held in the classroom of St. Joseph's Hospital School of Nursing, kindly lent for this purpose by the Reverend Sisters who, with several pupil nurses, attended conferences and demonstrations. A banquet was held on Nov. 20, at which were present, in addition to those attending the Institute, the manager, assistant manager, agents and their wives. There was a musical programme and Dr. Tetreault and Dr. de Charette addressed the nurses.

OBITUARY

SOUTAR—An interesting and lovable personality Miss Mildred Soutar, Reg. N., Superintendent of the M. G. Abbey Memorial Children's Nursing Home, Arnkut, Central India, passed away on November 19, 1933, at the early age of thirty-two.

Miss Mildred Soutar

She was born in Toronto and later came to Hamilton to live. After a successful course of studies she proceeded to prepare herself for her life's work as a nurse in the School of Nursing of St. Joseph's Hospital, Hamilton, graduating in 1928. After a few years of professional practice, culminating in a special missionary course in the Presbyterian Deaconess School, Toronto, she set sail for her field of labour in India. Miss Soutar was held in high esteem by all connected with St. Joseph's Hospital, and will remain a pleasant memory of a young life spent in sacrifices for others.

COUSINS.—Friends in Saint John were saddened to learn of the death of Miss Alice Cousins which occurred at her home in West Port, N.S., on December 1, 1933. Miss Cousins graduated in 1926 from the School of Nursing of the Saint John General Hospital and, in failing health, returned to her home only two weeks before her death.

McCULLOGH.—At the Montreal General Hospital, on Nov. 13, 1933, Jane (Jeanie) McCullogh (M.G.H. 1925).

ONE OF CANADA'S PIONEERS

In the death, at Toronto, on November 27, 1933, of Miss Jessie M. Sheraton we, in the Maritime Provinces, have lost one of our early nursing leaders. Miss Sheraton was the eighth nurse to graduate from the School of Nursing of the Saint John General Hospital, then known as the General Public Hospital, and shortly after completing her training about 1889, was appointed lady superintendent of Prince Edward Island Hospital, Charlottetown. In 1895 she resigned this position and, for a year, was superintendent of nurses in the New York Polyclinic Postgraduate Medical School and Hospital. In 1896 she was appointed superintendent of the Aberdeen Hospital, New Glasgow, N.S., and held that position for twenty-five years. After her retirement she made Saint John her place of residence. Her many friends, of whom the writer is privileged to be one, knew her as a woman of sterling worth. Interment took place in Fernhill Cemetery, Saint John, and the funeral service was conducted by the Rev. T. Hudson Stewart, rector of St. John's (Stone) Church, Saint John. *Contributed by Agnes Douglas Carson.*

OVERSEAS NURSING SISTERS' ASSOCIATION OF CANADA

Montreal: The Overseas Nursing Sisters Association of Canada was officially represented at the funeral service of the late Sir Arthur Currie, on Dec. 5, 1933, by Nursing Sister Nell Enright, the president of the Montreal Unit. Sixteen of our members were accorded a position of honour in the funeral ceremonies by being given places in the open quadrangle, immediately behind the gun-carriage, on which were the remains of the late Commander-in-Chief, and past which, for one hour and twenty minutes the garrison and veterans marched, making their final salute.

Our greatest yet with least pretence,
Great in council and great in war,
Rich in saving common-sense,
And, as the greatest only are,
In his simplicity, sublime.

Ottawa: The following ex-Nursing Sisters had the honour of representing the Nursing Service of the C.A.M.C. at the funeral of General Sir Arthur Currie: Ex-Nursing Sister Muriel Armstrong (Mrs. B. L. Wickware), ex-Nursing Sister Annie McNicol, ex-Nursing Sister Mabel Hamilton and ex-Nursing Sister Ruth Dawn (Mrs. H. L. Taylor). Other ex-Nursing Sisters who went to Montreal from Ottawa for the funeral were: Gertrude Halpenny, Jean Bowie and Emily Schryer.

Calgary: The members of the Calgary branch of the Overseas Nursing Sisters Association attended the Armistice Service, held in the Armories, and a wreath was placed on the Cenotaph in memory of those of our number who gave themselves for King and Country. The Club were entertained at tea by Nursing Sisters Ann Gee, Marion Lavell and N. Gunn. Twenty-three members were present. We enjoyed seeing everybody and hearing of each others' troubles and joys. We were glad to welcome Mrs. Stanway (Nan MacLeod), No. IX Unit. We lost one of our members in July, Sister Allison, of Belcher Hospital. Our sympathy goes out to her aged mother.

Essex County: The Armistice Day dinner of the Essex County Branch of the Overseas Nurses Association was held on November 17 at the home of the president, Miss Caroline La Rose. The tables were fittingly decorated with flags and flowers. After dinner a short business meeting was held following which the nurses sang some of the old war-time songs. Those present were: Misses Caroline La Rose, Frances McNally, Fielder, Bailey, Johnson, Bull, Shand, Jackson, Mmes. W. J. Elliott, Bates, Ritchie, F. Bowen, G. C. Storey.

Montreal: On Remembrance Day, the Montreal Branch of the Overseas Nursing Sisters Association of Canada, held their annual reunion dinner. Nursing Sister Nell Enright, president of the branch, received the Sisters. Mrs. Gibson (N. S. Couillard), wife of Brigadier-General Gibson, Officer Commanding District No. 4, was the guest of the evening. As the years pass our group increases. This year we numbered seventy-nine, nine being French sisters. We were delighted that Matron Decarmie of St. Cloud Hospital was also with us. We felt honoured to think that even a train was persuaded to wait for a sister who was delayed at the hospital in Grand'Mere. The president proposed the toast to the King. Mrs. Roman (Nursing Sister Sedgwick), in a few quiet words proposed a toast to the absent sisters, especially mentioning Sister Connie Harrison, our treasurer, who through illness was unable to be present. A renewal of our memories of those who are forever silent was brought to us by the clear notes of the *Last Post*, played by a bugler from a Highland Regiment. After the silence he sounded the *Reveille*. A telegram was received during dinner from Matron-in-Chief M. MacDonald which read: "So long as memory holds a seat in this distracted globe, we shall meet in spirit this night, consecrated to so many memories. Love and cheerio." A letter was also read from Nursing Sister Clint, to which she personally added a few words asking for the support of the nursing sisters, in the publication and distribution of her book, entitled "Our Bit," written on the Nursing Services during the war. The entire group expressed their appreciation of Miss Clint's effort by promising their support. At the close of our delightful reunion Sister

Upton proposed a vote of thanks to Mr. J. Rice and his artists, Mr. Jack Vanderstraten and Mr. J. Schafe, who had entertained us by singing the old familiar songs. Time was to us no more. We were flooded by those memories that we forever hold; precious and secure. We are linked together for all time by an unbreakable bond, revived at the Cenotaph, surrounding us at our dinner, and carried in our hearts till our next meeting on Remembrance Day.

OTTAWA: The Ottawa Unit of the Overseas Nursing Sisters Association held their second Memorial Day dinner on November 11, when twenty-five members were present. The president, Mrs. H. J. Coghill (Eva Hambley), presided. The table was attractively decorated with flowers sent by Miss Georgina Pope with regrets that she was not able to be present. Regrets were also sent by Matron-in-Chief Margaret C. MacDonald and Miss Edith C. Raeside. An honored guest was Mrs. Barefoot (Dorothy Winters), who returned from India early in the summer and is spending the winter in Ottawa. A short business meeting was held and Mrs. Coghill's resignation as president was regretfully accepted and a hearty vote of thanks tendered her. Mrs. C. A. Young (N. S. Gratton), was unanimously elected president for the coming year. In view of the interest shown by the members, and in order to help maintain that bond which was formed between all nursing sisters overseas, it was decided that the Armistice Day dinner be an annual event with the Ottawa Unit.

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One thousand copies must be ordered before February 1, 1934, in order to ensure publication. Orders received before this date will be accepted at the pre-publication price which will not exceed $1.25. The edition will be limited. Orders may be sent to Miss Mabel Clint, 2112 Claremont Ave., Montreal. Please do not send money. Simply *order* the number of copies you desire on the following coupon:

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MANITOBA

Manitoba Ass'n of Registered Nurses

President, Miss Jean Houston, Ninette, Man.; 1st Vice-President, Miss M. Reid, Nurses Home, W.G.H. Winnipeg: 2nd Vice-President, Miss Christine McLeod, General Hospital, Brandon; 3rd Vice-President, Sister Krause, St. Boniface Hospital Board Members: Misses M. Lang, K. W. Ellis, C. Taylor, I. McDiarmid, M. Meehan, E. Shirley, E. Carruthers, K. McLearn, Sister Superior, Misericordia Hospital; Sister St. Albert, St. Joseph's Hospital; Miss J. Purvis, Portage la Prairie, General Hospital. Conveners of Sections: Nursing Education Section, Miss M. C. Macdonald, Central T. B. Clinic, 668 Bannatyne Ave., Winnipeg; Public Health Section, Miss A. Laporte, St. Norbert, Man.; Private Duty Section, Miss K. McCallum, 181 Enfield Crescent, Norwood, Man. Conveners of Committees: Legislative Committee, Miss C. Taylor; Directory Committee, Miss E. Carruthers; Social and Programme, Miss C. Billyard; Sick Visiting, Mrs. J. R. Hall; Treasurer and Registrar: Mrs. Stella Gordon Kerr, 753 Wolseley Ave., Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital, Moncton; First Vice-President, Miss Margaret Murdoch; Second Vice-President, Miss Myrtle E. Kay; Honorary Secretary, Rev. Sister Kenny; *Council Members:* Miss Florence Coleman, Miss H. S. Dykeman, Mrs. A. G. Woodcock, Miss Elsie M. Tulloch; Conveners: *Public Health Section*, Miss Ada A. Burns; *Private Duty Section*, Miss Mabel McMullin; *Nursing Education Section*, Sister Kerr; *Committee Conveners: The Canadian Nurse*, Miss Kathleen Lawson; Constitution and By-Laws, Miss S. E. Brophy; Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St. West, Saint John, N.B.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Anne Slattery, Windsor; First Vice-President, Miss Victoria Winslow, Halifax; Second Vice-President, Miss Marion Boa, New Glasgow; Third Vice-President, Sister Anna Seton, Halifax; Recording Secretary, Mrs. Donald Gillis, 123 Vernon St., Halifax; Treasurer and Registrar, Miss L. F. Fraser, 10 Eastern Trust Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated 1925)

President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; First Vice-President, Miss Dorothy Percy, Rm. 321, Jackson Bldg., Ottawa; Second Vice-President, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 380 Jane St., Toronto; Chairman, Nurse Education Section, Miss S. Margaret Jamieson, Peel Memorial Hospital, Brampton; Chairman, Private Duty Section, Miss Clara Brown, 23 Kendal Ave., Toronto; Chairman, Public Health Section, Mrs. Agnes Haygarth, Provincial Department of Health, Parliament Bldgs., Toronto; *District No. 1:* Chairman, Miss Priscilla Campbell, Public General Hospital, Chatham; Secretary Treasurer, Miss Lila Curtis, 78 Forest St., Chatham; *Districts 2 and 3:* Chairman, Miss A. E. Bingeman, Freeport Sanatorium, Kitchener; Secretary-Treasurer, Miss Edith Jones, 253 Grenwich St., Brantford; *District No. 4:* Chairman, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Mrs. Eva Barlow, 211 Stinson St., Hamilton; *District No. 5:* Chairman, Miss Dorothy Mickleborough, Provincial Dept., of Health, Parliament Bldgs., Toronto; Secretary-Treasurer, Miss Irene Weirs, 198 Manor Road East, Toronto; *District No. 6:* Chairman, Miss Helen M. Anderson, 709 Water St. Peterborough;Secretary-Treasurer, Miss Dorothy MacBrien, Micholls Hospital, Peterboro; *District No. 7:* Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Olivia Wilson, General Hospital, Kingston; *District No. 8:* Chairman, Miss Dorothy Percy, Rm. 321, Jackson Bldg., Ottawa; Secretary-Treasurer, Miss A. G. Tanner, Civic Hospital, Ottawa; *District No. 9:* Chairman, Miss Katherine MacKenzie, 155 Second Ave. W., North Bay; Secretary-Treasurer, Miss Robena Buchanan, 197 First Ave. E., North Bay; *District No. 10:* Chairman, Mrs. Marion Edwards, 226 N. Harold St., Fort William; Secretary-Treasurer, Miss Ethel Stewardson, McKellar General Hospital, Fort William.

District No. 8 Registered Nurses Association of Ontario

Chairman: Miss D. M. Percy, Vice-Chairman; Miss M. B. Anderson; Secretary-Treasurer, Miss A. G. Tanner, Ottawa Civic Hospital; Councillors, Misses E. C. McIlraith, M. Graham, M. Slinn, A. Brady, M. Robertson, R. Pridmore; Conveners of Committees, Membership, Miss E. Rochon; Publications, Miss E. C. McIlraith; Nursing Education, Miss M. E. Acland; Private Duty, Miss J. L. Church; Public Health, Miss M. Robertson.

District 10, Registered Nurses Association of Ontario

President, Miss V. Lovelace; Vice-President, Miss M. Hamilton; Secretary-Treasurer, Miss E. Stewardson, McKellar General Hospital, Fort William; Councillors: Miss Jane Hogarth, Miss M. Wallace, Miss C. Lemon, Miss C. Chivers Wilson, Miss Flannigan, Miss Irene Hibditch.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Lilian Pidgeon, Prince Co. Hospital, Summerside; Vice-President, Miss M. King, Charlottetown Hospital; Secretary, Miss M. Campbell, 8 Grafton St., Charlottetown; Treasurer and Registrar, Miss Edna Green, 257½ Queen St., Charlottetown; *Nursing Education*, Miss M. Lavers, Prince Co. Hospital, Summerside; *Public Health*, Miss I. Gillan, 59 Grafton St., Charlottetown; *Private Duty*, Miss M. Gamble, 51 Ambrose St., Charlottetown; Representative to *The Canadian Nurse*, Miss Anna Mair, P.E.I. Hospital, Charlottetown.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated 1920)

Advisory Board, Misses Mary Samuel, L. C. Phillips M. F. Hersey, Bertha Harmer, M. A. Mabel Clint, Rev. Mere M. A. Allaire, Rev. Soeur Augustine;

President, Miss Caroline V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice President (English), Miss Margaret Moag, V.O.N., 1246 Bishop Street, Montreal; Vice-President (French), Rev. Soeur Allard, Hotel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss Elsie Allder, Royal Victoria Hospital; Hon. Treasurer, Miss Marion E. Nash, V.O.N., 1246 Bishop Street, Montreal. Other members: Miss Mabel K. Holt, The Montreal General Hospital, Mademoiselle Edna Lynch, Nursing Supervisor, Metropolitan Life Insurance Co., Montreal, Miss Sara Matheson, Apt. 24, 2151 Lincoln Ave., Miss Charlotte Nixon, 2276 Old Orchard Ave., Montreal, Rev. Soeur St. Jean-de-l'Eucharistie, Hopital Notre Dame, Montreal. Conveners of Sections: Private Duty (English), Miss Sara Matneson, Apt. 24, Haddon Hall Apts., 2151 Lincoln Ave., Montreal; (French) Mlle Alice Lepine, Hopital Notre Dame, Montreal; Nursing Education (English) Miss Martha Batson, The Montreal General Hospital, (French) Rev. Soeur Augustine, Hopital St Jean-de-Dieu, Gamelin, P.Q.; Public Health, Miss Marian Nash, V.O.N., Bishop Street, Montreal; Board of Examiners, Miss C. V. Barrett (Convener), Royal Victoria Maternity Hospital, Montreal, Mme R. D. Bourque, Universite de Montreal (Ecole d'Hygiene Appliquee), Melles Edna Lynch, Apt. 3, 4503 rue St-Denis, Montreal, Laura Senecal, Hopital Notre Dame, Misses Rita Sutcliffe, 4635 Queen Mary Road, Montreal, Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, Olga V. Lilly, Royal Victoria Montreal Maternity Hospital, Montreal; Executive Secretary, Registrar and Official School Visitor: Miss E. Frances Upton, Suite 221, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association

(Incorporated March, 1917)

President, Miss Edith Amos, City Hospital, Saskatoon; First Vice-President, Miss Ruby M. Simpson, Department of Public Health, Regina; Second Vice-President, Miss Helen B. Smith, General Hospital, Regina; Councillors, Miss Jean McDonald, 1122 Rae St., Regina, Miss Elizabeth Smith, Normal School, Moose Jaw; Conveners of Standing Committees: Nursing Education, Miss Gertrude M. Watson, City Hospital, Saskatoon; Public Health, Mrs. E. M. Feeney, Department of Public Health, Regina; Private Duty, Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon; Legislation, Miss R. M. Simpson, Regina; Secretary-Treasurer and Registrar, Miss Margaret Ross, 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss K. Lynn; Second Vice-President, Miss F. Shaw; Recording and Acting Corresponding Secretary, Mrs. F. V. Kennedy, 1307 First St. W.; Treasurer, Miss M. Watt.

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss P. Chapman; Second Vice-President, Miss E. Fenwick; Recording Secretary, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton; Press and Corresponding Secretary, Miss Clow, 11138 Whyte Ave., Edmonton; Treasurer, Miss M. Staley, 9838-108th St., Edmonton; Registrar, Miss Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Miss M. Hagerman: First Vice-President, Miss Gilchrist; Second Vice-President, Miss J. Jorgenson; Secretary, Miss May Reid, Nurses' Home; Treasurer, Miss F. Ireland, 1st St.; Medicine Hat; Committee Conveners: New Membership, Mrs. C. Wright; Flower, Mrs. M. Tobin; Private Duty Section, Mrs. Chas. Pickering; Correspondent, "*The Canadian Nurse*", Miss F. Smith. Regular meeting first Tuesday in month.

BRITISH COLUMBIA

Nelson Graduate Nurses' Association

Hon. President, Miss V. B. Eidt, Acting Superintendent, Kootenay Lake General Hospital; President, Miss K. Gordon; First Vice-President, Miss M. Madden; Second Vice-President, Miss S. Archibald; Secretary-Treasurer, Miss Edna Fraser, Box 1105, Nelson, B.C.

Vancouver Graduate Nurses Association

President, Miss K. Sanderson, 1310 Jervis St., Vancouver; First Vice-President, Miss M. D. MacDermot, Preventorium, 2755-21st Ave. E., Vancouver; Second Vice-President, Miss J. Davidson; Secretary, Miss F. H. Walker, General Hospital, Vancouver; Treasurer, Miss L. G. Archibald, 536-12th Ave. W., Vancouver; Council, Misses G. M. Fairley, M. F. Gray, M. Duffield, J. Johnston, J. Kilburn; Conveners of Committees: Finance, Mrs. Farrington; Directory, Miss M. I. Teulon; Social, Miss M. I. Hall; Programme, Miss G. Archibald; Sick Visiting, Miss C. Cooper; Membership, Miss M. Mirfield; Local Council of Women, Misses M. F. Gray, M. Duffield; Press, Mrs. D. K. Simms.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. J. Herbert; First Vice-President, Miss D. Frampton; Second Vice-President, Miss C. McKenzie; Secretary, Miss I. Helgesen; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road, Victoria; Executive Committee, Miss E. B. Strachan, Miss H. Cruikshanks, Miss E. McDonald, Miss C. Kenny, Miss E. Cameron.

MANITOBA

Brandon Graduate Nurses' Association

Hon. President, Miss E. Birtles; Hon. Vice-President Mrs. W. Shillinglaw; President, Miss E. G. McNally; First Vice-President, Miss Janet Anderson; Second Vice-President, Mrs. Lula Fletcher; Secretary, Miss Jessie Munro, 243 12th St.; Treasurer, Mrs. M. Long; Conveners of Committees: Social and Programme, Mrs. Eldon Hannah; Sick and Visiting, Mrs. Rowe Fisher; Welfare, Miss Gertrude Hall: Press Reporter, Miss Helen Morrison; Cook Book, Mrs. J. M. Kains; Registrar, Miss C. M. Macleod.

ONTARIO

Graduate Nurses Alumnae, Welland

Hon. President, Miss E. Smith, Superintendent, Welland General Hospital; Hon. Vice-President, Miss M. Hall, Welland General Hospital; President, Miss D. Saylor; Vice-President, Miss B. Saunders; Secretary, Miss M. Rinker, 28 Division St.; Treasurer, Miss B. Eller; Executive, Misses M. Peddie, M. Tufts, B. Clothier and Mrs. P. Brasford.

QUEBEC

Graduate Nurses Association of the Eastern Townships

Hon. President, Miss V. Beane; President, Miss H. Hetherington; First Vice-President, Miss G. Dwane; Second Vice-President, Miss N. Arguin; Recording Secretary, Miss P. Gustafson; Corresponding Secretary, Miss M. Mason, 151a London St., Sherbrooke, P.Q.; Treasurer, Miss M. Robins; Representative, Private Duty Section, Miss M. Morrissette; Representative, "*The Canadian Nurse*", Miss C. Hornby, Box 324, Sherbrooke, P.Q.

MONTREAL

Montreal Graduate Nurses' Association

Honl President, Miss L. C. Phillips; President, Miss Christine Watling, 1230 Bishop Street; First Vice-President, Miss Sara Matheson; Second Vice-President, Mrs. A. Stanley; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop Street; Day Registrar, Miss Kathleen Bliss; Relief Registrar, Miss H. M. Sutherland; Convener Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss R. Last; First Vice-President, Miss C. Kier; Second Vice-President, Mrs. W. Metcalfe; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Conveners of Committees: Nursing Education, Mrs. M. Young, Sr. Mary Raphael, Miss E. Jensen; Private Duty, Miss E. Wallace, Miss E. Farquhar, Miss T. Reynolds, Miss J. Casey; Public Health, Registrar, Miss C. Kier; Programme, Miss G. Taylor; Sick Visiting, Miss L. Trench; Social, Miss M. Armstrong; Constitutions and By-laws, Miss E. Lamond; Representative "*The Canadian Nurse*", Miss M. Gall; Press Representative, Mrs. J. Phillips.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital Edmonton

Hon. President, Miss F. Munroe; President, Mrs. Scott Hamilton; First Vice-President, Miss V. Chapman; Second Vice-President, Mrs. C. Chinneck; Recording Secretary, Miss G. Allyn; Corresponding Secretary, Miss A. Oliver, Royal Alexandra Hospital; Treasurer, Miss E. English, Suite 2, 10014 112 Street.

A.A., Holy Cross Hospital, Calgary

President, Mrs. L. de Satge; Vice-President, Miss A. Willison; Recording Secretary, Miss E. Thom; Corresponding Secretary, Miss P. N. Gilbert; Treasurer, Miss S. Craig; Honorary Members, Rev. Soeur St. Jean de l'Eucharistie, Miss M. Brown.

A.A., Lamont Public Hospital

Hon. President, Miss F. E. Welsh; President, Mrs. B. I. Love; Vice-President, Miss O. Scheie; Secretary-Treasurer, Mrs. C. Craig, Namao; Corresponding Secretary, Miss F. E. Reid, 1009 20th Avenue, W., Calgary; Convenor, Social Committee: Mrs. R. Shears.

BRITISH COLUMBIA

A.A. St. Paul's Hospital, Vancouver

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Therese Amable; President, Miss B. Geddes; Vice-President, Miss R. McKernan; Secretary, Miss F. Treavor, Assistant Secretary, Miss V. Dyer; Treasurer, Miss B. Muir; Executive, Misses M. McDonald, E. Berry, I. Clark, V. Pearse, S. Christie, R. McGillivary, K. McDonald.

A.A., Vancouver General Hospital

Hon. President, Miss G. Fairley; President, Miss Mary McPhee; First Vice-President, Miss Lunan; Second Vice-President, Miss Erskine; Corresponding Secretary, Miss Melneczuk; Recording Secretary, Miss Collier; Treasurer, Miss Geary, 3176 West 2nd Ave.; Committee Conveners: Programme, Mrs. Gillies; Sewing, Mrs. Gordon; Sick Visiting, Miss Shaw; Membership, Miss H. Campbell; Mutual Benefit, Miss Maitland; Refreshments, Mrs. Blankenbach; Representatives: Local Press, Miss Coteworth; V.G.N.A., Mrs. Wilson.

A.A., Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss Jean Moore; First Vice-President, Mrs. Yorke; Second Vice-President, Miss J. Grant: Secretary, Mrs. A. Dowell, 30 Howe St.; Assistant Secretary, Miss J. Stewart; Treasurer, Miss C. Todd; Entertainment Committee, Miss I. Goward; Sick Nurse, Miss E. Newman.

MANITOBA

A.A., Children's Hospital, Winnipeg

Hon. President, Miss M. B. Allan; President, Miss Catherine Day; First Vice-President, Miss Edith Jarrett; Secretary, Miss Elsie Fraser, Children's Hospital, Winnipeg; Treasurer, Miss M. Hughes, 15 Mount Royal Apts., Winnipeg; Sick Visiting Committee, Miss M. Atkinson; Entertainment Committee, Mrs. Geo. Wilson.

A. A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Nurses Home; President, Miss Clara Miller, 825 Broadway, Wpg.; First Vice-President, Miss H. Stephen, 15 Ruth Apts., Maryland St., Wpg.; Second Vice-President, Miss M. Madill, F. Ashford Blk., Wpg.; Secretary, Miss Jeannie Archiblad, Shriners Hospital, Wpg.; Treasurer, Miss Etta Shirley, 14 King George Ct., Wpg.; Social Convener, Miss K. McCallum, 181 Enfield Cr., Norwood; Sick Visiting Convener, Miss B. Greville, 211 Hill St., Norwood; Rep. to Local Council of Women, Miss M. Rutley, 12 Eugenie Apts., Norwood; Representative to Press, Mrs. S. G. Kerr, 753 Wolseley Ave., Wpg.

A.A., Winnipeg General Hospital

Hon. President, Mrs. A. W. Moody, 97 Ash St.; President, Miss E. Parker, Ste. 25 Carlyle Apts., 580 Broadway; First Vice-President, Mrs. C. V. Combes, 530 Dominion St.; Second Vice-President, Miss J. McDonald, Deer Lodge Hospital; Third Vice-President, Miss E. Yussack, 867 Magnus Ave.; Recording Secretary, Miss J. Landy, Winnipeg General Hospital; Corresponding Secretary, Miss M. Graham, Winnipeg General Hospital; Treasurer, Miss M. C. McDonald, Central Tuberculosis Clinic; *Membership:* Miss I. Ramsay, Central Tuberculosis Clinic; *Sick Visiting*, Miss J. Morgan, 102 Rose St.; *Entertainment*, Mrs. C. McMillan, Hertford Blvd., Tuxedo; Editor of Journal, Miss R. Monk, 134 Westgate; Business Manager, Miss E. Timlick, Winnipeg General Hospital; *Special Com. mittee*, Miss P. Brownell, 215 Chestnut St.

NEW BRUNSWICK

A.A., Saint John General Hospital

Hon. President, Miss E. J. Mitchell; President, Mrs. G. L. Dunlop; First Vice-President, Miss E. L. Henderson; Second Vice-President, Mrs. F. M. McKelvey; Secretary, Mrs. J. E. Beyea, 121 Union St., Saint John, N.B.; Treasurer, Miss Kate Holt; Additional members, Mrs. J. H. Vaughan, Mrs. H. H. McLellan, Mrs. A. G. Clinch.

A.A., L. P. Fisher Memorial Hospital, Woodstock

Hon. President, Miss Elsie Tulloch; President, Mrs. Harry Dunbar; Vice-President, Miss Gladys Hayward; Secretary-Treasurer, Miss Pauline Palmer; Board of Directors: Miss G. Tams, Mrs. B. Sutton, Mrs. Fulton, Miss M. Samphier, Miss N. Veness; *Committee Conveners: Programme*, Mrs. P. Caldwell, Miss E. Kerr, Miss E. Dunbar, Miss B. Bellis; *Sick Visiting*, Miss H. Cummings, Miss D. Peabody, Miss Mersereau; *Editor*, Miss M. Samphier.

ONTARIO

BELLEVILLE

A.A., Belleville General Hospital

Hon. President, Miss Florence McIndoo; President, Miss Reta Fitzgerald; Vice-President, Mrs. J. Andrews; Secretary, Miss L. Smith; Treasurer, Miss Marion MacFarlane; Flower Committee, Miss Betty McEwan; Representative to *The Canadian Nurse*, Miss H. Thompson.

BRANTFORD

A.A., Brantford General Hospital

Hon. President, Miss E. M. McKee; President, Miss K. Charnley; Vice-President, Miss G. Turnbull; Secretary, Miss F. J. Batty, 52 Charlotte St., Brantford; Assistant-Secretary, Miss V. Buckwell; Treasurer, Miss L. R. Gillespie, General Hospital; *Social Convener*, Mrs. F. Doherty; *Flower Committee*, Mrs. Phillips, Miss W. Laird, Miss M. M. Nichol; *Gift Committee*, Miss J. Edmondson, Mrs. E. Claridge; *The Canadian Nurse and Press Representative*, Miss H. Diamond; Chairman, Private Duty Council, Miss P. Cole; Representative to Local Council of Women, Miss R. Cleaves.

BROCKVILLE

A. A., Brockville General Hospital

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to "The Canadian Nurse", Miss V Kendrick.

CHATHAM

A. A., Public General Hospital

Hon. President, Miss P. Campbell; President, Miss D. Thomas; First Vice-President, Miss B. Pardo; Second Vice-President, Miss H. Simpson; Recording Secretary, Miss K. Crackel, 12 Duluth St., Chatham; Corresponding Secretary, Miss R. Willmore; Treasurer, Miss E. Mummery, 35 Emma St., Chatham; Representative "The Canadian Nurse," Miss M. McDougall.

A. A., St. Joseph's Hospital

Hon. President, Mother Mary; Hon. Vice-President, Sister M. Consolata; President, Miss Mary Doyle, Vice-President, Miss Marian Kearns; Secretary-Treasurer, Miss Letty Pettypiece; Executives, Misses Hazel Gray, Jessie Ross, Lena Chauvin, I. Salmon, Representative "The Canadian Nurse", Miss Ruth Winter; Representative District No. 1, R.N.A.O. Miss Jean Lundy.

CORNWALL

A.A., Cornwall General Hospital

Hon. President, Mrs. J. Boldick; President, Miss Mary Fleming; First Vice-President, Miss Kathleen Burke; Second Vice-President, Miss Bernice McKillop; Secretary-Treasurer, Miss C. Droppo, Cornwall General Hospital; Representative "The Canadian Nurse", Miss H. C. Wilson, Cornwall General Hospital.

GALT

A.A., Galt Hospital

Hon. President, Miss A. Cleaver; President, Miss S. Mitchell; Secretary, Miss L. MacNair, 91 Victoria Ave.; Assistant Secretary, Miss T. Rainey; Treasurer, Miss A. MacDonald; Flower Convener, Miss Rutherford; Representative to "*The Canadian Nurse*" and Press Representative, Miss M. Vandyke.

GUELPH

A.A., Guelph General Hospital

Hon. President, Miss S. A. Campbell, Supt. Guelph General Hospital; President, Miss C. S. Zeigler; First Vice-President, Miss D. Lambert; Second Vice-President, Miss M. Darby; Secretary, Miss N. Kenney; Treasurer, Miss J. Watson; Committees: Flower, Miss R. Speers, Miss I. Wilson; Social, Mrs. M. Cockwell (Convener); Programme, Miss E. M. Eby (Convener); Representative "The Canadian Nurse", Miss Marion Wood.

HAMILTON

A.A., Hamilton General Hospital

Hon. President, Miss E. C. Rayside, Hamilton General Hospital; President, Miss Helen Aitken, Vice-President, Mrs. Hess, 139 Wellington St.; Recording Secretary, Miss D. McRobbie, 9 Ontario Ave.; Corresponding Secretary, Miss E. Gayfer; Treasurer, Miss Helen Buhler, 549 Main St.; Secretary-Treasurer Mutual Benefit Association, Miss D. Watson, 145 Emerald St. S.; Legal Adviser, Mr. F. F. Treleaven; Executive Committee, Miss M. Buchanan (Convener), Mrs. M. Barlow, Misses J. Souter, Hannah, Livingstone, Helin; Programme Committee, Miss Dixon (Convener), Misses Murray, MacIntosh, Galloway, Bennett, Pegg; Flower and Visiting Committee, Miss M. Sturrock (Convener), Misses Squires and Burnett; Representatives to Local Council of Women, Miss Burnett (Convener), Mrs. Hess, Miss E. Buckbee, Miss C. Harley; Representative to R.N.-A.O., Miss G. Hall, Representatives to Registry Committee, Missses A. Nugent (Convener), Burnett, I. MacIntosh, Florence Leadley, E. Davidson, Margaret Clark, I. Buscombe, H. Aitken, Binkley, Pegg; Representative to Women's Auxiliary, Mrs. Stephen; Representatives to "The Canadian Nurse", Misses Scheifle, E. Bell, R. Burnett.

A.A., St. Joseph's Hospital, Hamilton

Hon. President, Mother Martina; President, Miss Eva Moran; Vice-President, Miss F. Nicholson, Secretary, Miss Mabel MacIntosh, 48 Locomotive Street; Treasurer, Miss M. Kelly, 43 Gladstone Avenue; Representative "The Canadian Nurse", Miss B. Cronin, 103 Augusta Street; Representative R.N.A.O., Miss J. Morin.

KINGSTON

A.A., Hotel Dieu, Kingston

Hon. President, Rev. Sister Donovan; President, Mrs. W. G. Elder; Vice-President, Mrs. A. Hearn; Secretary, Miss Olive McDermott; Treasurer, Miss Genevieve Pelow; Executive, Mrs. L. Cochrane, Misses K. McGarry, M. Cadden, J. O'Keefe; Visiting Committee, Misses N. Speagle, L. Sullivan, L. La Rocque; Entertainment Committee, Mrs. R. W. Clarke, Misses N. Hickey, B. Watson.

A.A., Kingston General Hospital

Hon. President, Miss Louise D. Acton; President, Miss Ann Baillie; First Vice-President, Miss Carrie Milton; Second Vice-President, Miss Olivia M. Wilson, Third Vice-President, Miss A. Walsh; Secretary, Miss Anna Davis, 464 Frontenac St.; Treasurer, Mrs. C. W. Mallory, 203 Albert St.; Convener Flower Committee, Mrs. Sidney Smith, 151 Alfred St.; Press Representative, Miss Mary Wheeler, Kingston General Hospital; Private Duty Section, Miss Constance Sandwith, 235 Alfred Street.

KITCHENER

A.A., Kitchener and Waterloo General Hospital

Hon. President, Miss K. W. Scott; President, Mrs. Wm. Noll; First Vice-President, Mrs. W. Ziegler; Second Vice-President, Miss Elsie Trouse; Secretary, Miss Winnifred Nelson, Apt. D. 58 Albert St. N.; Assistant-Secretary, Miss Jean Sinclair; Treasurer, Miss M. Orr.

LINDSAY

A.A., Ross Memorial Hospital

Hon. President, Miss E. S. Reid; President, Miss L. J. Harding; First Vice-President, Mrs. O. Walling; Second Vice-President, Mrs. M. I. Thurston; Corresponding Secretary, Mrs. J. S. Morrison, 46 Colborne St. W.; Treasurer, Mrs. G. R. Allen; *Flower Convener*, Miss D. M. Smith; *Social Convener*, Miss K. S. Mortimore.

LONDON

A.A., St. Joseph's Hospital

Hon. President, Mother M. Pascal; Hon. Vice-President, Sister St. Elizabeth; President, Miss Florence Connolly; First Vice-President, Miss Olive O'Neil; Second Vice-President, Miss Gertrude Dietrick; Recording Secretary, Miss Gladys Martin; Corresponding Secretary, Miss Irene Griffen; Treasurer, Miss Orpha Miller; Press Representative, Miss Madalene Baker; Representatives to Registry Board: Misses R. Rouatt. E. Armishaw, F. Connolly.

A.A., Victoria Hospital

Hon. President, Miss Hilda Stuart; Hon. Vice-President, Mrs. A. E. Silverwood; President, Miss M. M. Jones, 257 Ridout St., S., London; First Vice-President, Miss C. Gillies; Second Vice-President, Miss M. McLaughlin; Treasurer, Miss M. Thomas, 490 Piccadilly St., London; Secretary, Miss V. Ardiel; Corresponding Secretary, Miss G. Hardy, 645 Queen's Ave., London; Board of Directors, Misses Mortimer, Walker, Yule Malloch, McGugan, Mrs. H. Smith.

NIAGARA FALLS

A.A., Niagara Falls General Hospital

Hon. President, Miss M. S. Park; President, Miss G. Thorpe; First Vice-President, Miss H. Schofield; Second Vice-President, Miss K. Prest; Secretary-Treasurer, Miss I. Hammond, 634 Ryerson Crescent, Niagara Falls; Corresponding Secretary, Miss F. Loftus; Auditors, Mrs. M. Sharpe, Miss F. Loftus; Sick Committee, Miss V. Coutts, Miss A. Pirie and Mrs. J. Teal.

ORANGEVILLE

A.A., Lord Dufferin Hospital

Hon. President, Mrs. O. Fleming; President, Miss L. M. Sproule; First Vice-President, Miss V. Lee; Second Vice-President, Miss I. Allen; Corresponding Secretary, Miss M. Bridgeman; Recording Secretary, Miss E. M Hayward; Treasurer, Miss A. Burke.

ORILLIA

A.A., Orillia Soldiers' Memorial Hospital

Hon. President, Miss E. Johnston; President, Miss G. M. Went; First Vice-President, Miss L. Whitton; Second Vice-President, Miss M. Harvie; Secretary-Treasurer, Miss Alice M. Smith, 112 Peter St. N. Regular Meeting—First Thursday of each month.

OSHAWA

A.A., Oshawa General Hospital

Hon. President, Miss E. MacWilliams; President, Miss Jessie McIntosh, 39 Simcoe St. N.; Vice-President, Miss Jean Thompson; Secretary, Miss Jessie McKinnon, 134 Alice St.; Asst-Secretary, Miss Irene Goodman, 512 Simcoe St. N.; Corr-Secretary, Miss Jean Stewart, 134 Alice St.; Treasurer, Mrs. W. Luke, Madison Apts., Simcoe St. S.

OTTAWA

A.A. Lady Stanley Institute (Incorporated 1918)

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A.A., Ottawa Civic Hospital

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Meetings will be held the second Tuesday in each month at 8 p.m. in the Assembly Room, Nurses' Residence, Toronto Western Hospital.

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A.A., Department of Public Health Nursing, University of Toronto

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